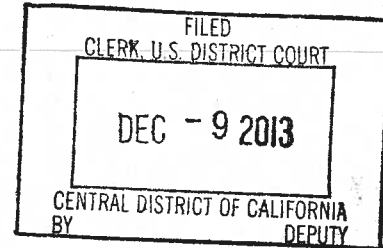


CRISTINA D. HERNANDEZ, Bar No. 283500  
GONZALEZ SAGGIO & HARLAN LLP  
2 North Lake Avenue, Suite 930  
Pasadena, California 91001  
Tel: (626) 440-0022  
Fax: (626) 628-1725  
Email: Cristina\_Hernandez@gshllp.com

CYNTHIA TSAI BRADY, Bar No. 265151  
MACY'S LAW DEPARTMENT  
611 Olive Street, 10<sup>th</sup> Floor  
St. Louis, MO 63101  
Tel: (314) 342-6375  
Fax: (314) 342-6066  
Email: Cynthia.Brady@macys.com

Attorneys for Defendant  
MACY'S, INC.



UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

SHAKE TER PETROSSIAN,

Plaintiff,

v.

MACY'S, MACY'S, INC., REVA  
SHERMAN-MATTHEWS, AND DOES 1  
THROUGH 100 INCLUSIVE,

Defendants.

Case No. **CV 13-09085** JAK

**DEFENDANT MACY'S, INC.'S  
NOTICE OF REMOVAL OF ACTION  
UNDER 28 U.S.C. §§ 1332, 1441, 1446** (JC)

**Complaint Filed: September 26, 2013  
Trial Date: None Set**

**TO THE UNITED STATES DISTRICT COURT FOR THE CENTRAL  
DISTRICT OF CALIFORNIA AND TO PLAINTIFF'S COUNSEL OF  
RECORD:**

**PLEASE TAKE NOTICE THAT** Defendant Macy's, Inc. ("Defendant") hereby provides notice of removal to the United States District Court for the Central District of California of the following lawsuit: *Shake Ter Petrossian v. Macy's, Macy's, Inc., Reva Sherman-Matthews, and Does 1 Through 100 Inclusive.*, Case No. BC-522612, Los Angeles County Superior Court ("State Court Action").

1 **I. DESCRIPTION OF THE ACTION**

2 On September 26, 2013, Plaintiff Shake Ter Petrossian ("Plaintiff") filed the  
3 State Court Action against the Defendant. A true and correct copy of the Summons,  
4 Complaint and Civil Case Cover Sheet (collectively, "Complaint") are attached hereto  
5 as Exhibit A. The Complaint was served on Defendant Macy's, Inc. on or about  
6 October 15, 2013. On October 24, 2013, Defendant served Plaintiff with a Request  
7 for a Statement of Damages. A true and correct copy of Defendant's Request for  
8 Statement of Damages is attached hereto as Exhibit B. On November 7, 2013, Plaintiff  
9 served Defendant with a Statement of Damages (Personal Injury or Wrongful Death).  
10 A true and correct copy of Plaintiff's Statement of Damages is attached hereto as  
11 Exhibit C. Defendant answered Plaintiff's Complaint on November 13, 2013. A true  
12 and correct copy of Defendant's Answer and Defenses to Plaintiff's Complaint for  
13 Damages is attached hereto as Exhibit D. No other process, pleadings, or orders have  
14 been served or filed in this action.

15 In her Complaint, Plaintiff alleges six causes of action based upon theories of  
16 disability discrimination and wrongful termination. (*See generally* Compl. Ex. A).  
17 Plaintiff seeks to recover general damages in the amount of \$600,000, special  
18 damages in the amount of \$750,000 and punitive damages in the amount of \$250,000.  
19 (*See* Statement of Damages, Ex. C).

20 **II. BASIS FOR REMOVAL (DIVERSITY JURISDICTION, 28 U.S.C. §**  
21 **1332)**

22 **A. Diversity of Citizenship Exists**

23 This action is between citizens of different States.

24 Here, Plaintiff is a citizen of the State of California. The citizenship of a natural  
25 person for diversity purposes is determined by the person's domicile. *See Gilbert v.*  
26 *David*, 235 U.S. 561, 569 (1915). A person is domiciled in a location "where he or  
27 she has established a fixed habitation or abode in a particular place, and [intends] to  
28 remain there permanently or indefinitely." *Lew v. Moss*, 797 F.2d 747, 749-50 (9th

1 Cir. 1986). “The intention to remain may be established by factors such as: current  
2 residence; voting registration and practices; location of personal and real property;  
3 location of brokerage and bank accounts; location of spouse and family; membership  
4 in unions and other organizations; place of employment or business; driver’s license  
5 and automobile registration; and payment of taxes.” *Kyung Park v. Holder*, 572 F.3d  
6 619, 625 (2009) (citing *Lew*, 797 F.2d at 750).

7 The application of the *Lew* factors to the instant matter demonstrates that  
8 Plaintiff is a citizen of the State of California. Plaintiff states in her Complaint that  
9 she is a resident of the County of Los Angeles in the State of California. (Compl. Ex.  
10 A, ¶ 1). Additionally, from 2006 until her termination in 2012, Plaintiff worked at  
11 Macy’s West Stores, Inc.’s Burbank Town Center, located at 200 East Cypress Ave.,  
12 Burbank, California, 91502-1149. (Compl. Ex. A, ¶ 9; Declaration of Avins, Exhibit  
13 E, ¶ 3). During her employment with Macy’s, Plaintiff’s W-2 Wage and Tax  
14 Statements listed her address first in Sun Valley, CA 91352 (from 2006 through 2008)  
15 and then in Glendale, CA 91205 (from 2009 through 2012). (Declaration of Linda  
16 Harding, Exhibit H, ¶ 3). Plaintiff’s W-2 Wage and Tax Statements also demonstrate  
17 that Macy’s withheld California State income taxes and disability insurance taxes  
18 from Plaintiff’s pay. (*Id.*) Other documents signed by Plaintiff further demonstrate  
19 that Plaintiff’s addresses during her employment with Macy’s were either in Sun  
20 Valley, California or Glendale, California. (Avins Decl. Ex. E, ¶ 4). Prior to her  
21 employment at the Burbank Town Center store, Plaintiff attended Los Angeles City  
22 College in Los Angeles, California from 2002-2004 and Mashdots College in  
23 Glendale, California from 2004-2005. (*Id.*)

24 Defendant “Macy’s” does not exist, and there is no incorporated entity named  
25 “Macy’s” in the Macy’s, Inc. family of businesses. (Declaration of Linda Balicki,  
26 Exhibit F, ¶ 3).

27 Defendant Macy’s, Inc. is a citizen of the States of Delaware, Ohio, and New  
28 York. (Balicki Decl. Ex. F, ¶¶ 4-5). A corporation is deemed to be a citizen of both its

1 state of incorporation and the state in which it maintains its principal place of  
2 business. 28 U.S.C. § 1332(c)(1). At the time Plaintiff filed the State Court Action,  
3 Defendant Macy's, Inc. was and remains incorporated under the laws of the state of  
4 Delaware. (Balicki Decl. Ex. F, ¶¶ 4-5). Further, at the time Plaintiff filed the State  
5 Court Action, Macy's, Inc.'s principal places of business were and remain located in  
6 Cincinnati, Ohio and New York, New York. (*Id.*)

7 Defendant Reva Sherman-Matthews<sup>1</sup> is a citizen of the State of Ohio. Ms.  
8 Sherman-Matthews is employed by Macy's Corporate Services, Inc. as an  
9 Accommodation/Disability Manager and maintains an office at 7 West Seventh Street,  
10 Cincinnati, Ohio 45202. (Declaration of Reva Sherman-Matthews, Exhibit G, ¶ 2).  
11 Ms. Sherman-Matthews was born in Cincinnati, Ohio and has resided in Cincinnati,  
12 Ohio since birth, with the exception of a few years during which she attended college  
13 at a location outside of Cincinnati, Ohio. (*Id.* at ¶ 5). Ms. Sherman-Matthews resides  
14 in Cincinnati, Ohio with her spouse and also has siblings who live in the State of  
15 Ohio. (*Id.* at ¶¶ 5-6). Ms. Sherman-Matthews is also registered to vote in the State of  
16 Ohio, pays Ohio state income taxes, holds an Ohio driver's license, has registered her  
17 car in the State of Ohio, keeps her personal and real property in the State of Ohio and  
18 has bank accounts which are located in the State of Ohio. (*Id.* at ¶¶ 7-11). Ms.  
19 Sherman-Matthews has never resided in the State of California and has never been a  
20 citizen of the state of California. (*Id.* at ¶ 4). Ms. Sherman-Matthews intends on  
21 residing in the State of Ohio permanently and indefinitely. (*Id.* at ¶ 5).

22 The defendants designated in the Complaint as Does 1-100 are fictitious  
23 defendants whose citizenship is to be disregarded for purposes of removal pursuant to  
24 28 U.S.C. § 1441(a). *See also Soliman v. Philip Morris, Inc.*, 311 F.3d 966, 971 (9th  
25 Cir. 2002).

---

26 <sup>1</sup> To date, Ms. Sherman-Matthews has not been served with the Summons and  
27 Complaint in the State Court Action. (Ex. G, Decl. of Reva Sherman-Matthews, ¶ 3).  
28



1 In accordance with 28 U.S.C. § 1332, there is complete diversity of citizenship  
2 because Plaintiff (California) and Defendants (Delaware, Ohio, and New York) are  
3 citizens of different States. *See* 28 U.S.C. § 1332(a)(1),(c)(1).

4 **B. The Amount in Controversy Exceeds \$75,000.00**

5 In her Summons and Complaint, Plaintiff does not allege the total amount of  
6 damages sought, alleging only that the State Court Action is an unlimited civil case  
7 where the damages sought exceed \$25,000 and that she seeks judgment against  
8 Defendants for compensatory damages, punitive damages, interest, costs of suit and  
9 attorneys' fees and costs. (*See* Compl. Ex. A). However, Plaintiff states in her  
10 Statement of Damages that she seeks the following damages in the State Court Action:  
11 \$350,000 for pain, suffering and inconvenience, \$250,000 for emotional distress,  
12 \$100,000 for medical expenses (to date), \$100,000 for future medical expenses  
13 (present value), \$50,000 for loss of earnings (to date), \$500,000 for loss of future  
14 earning capacity (present value), and \$250,000 in punitive damages. (Statement of  
15 Damages, Ex. C).

16 Based on the Complaint, the Statement of Damages (which demonstrates that  
17 the amount in controversy exceeds the \$75,000 removal threshold), and the citizenship  
18 of the parties, the requirements for diversity jurisdiction under 28 U.S.C. § 1332 are  
19 met.

20  
21 **III. THE NOTICE OF REMOVAL IS PROCEDURALLY PROPER**

22 Based on the foregoing, this action is a civil action of which this Court has  
23 original jurisdiction pursuant to 28 U.S.C. § 1332 and may be removed to this Court  
24 pursuant to 28 U.S.C. §§ 1441 and 1446.

25 Venue is proper in this district and division because the Los Angeles County  
26 Superior Court is located within the federal Central District of California and this is  
27 the "district and division embracing the place where such action is pending." 28  
28 U.S.C. § 1441(a).

1 As required by 28 U.S.C. § 1446(a), a copy of the Complaint and all other  
2 papers served in the State Court Action as of the filing of this Notice of Removal are  
3 attached hereto.

4 This Notice of Removal is filed within the time prescribed by 28 U.S.C.  
5 §1446(b)(3) (within thirty (30) days after receipt by the defendant, through service or  
6 otherwise, of a paper from which it may first be ascertained that the case is one which  
7 is or has become removable). Plaintiff served the Complaint on October 15, 2013.  
8 (*See* Compl. Ex. A). The case stated by the Summons and Complaint was not  
9 removable because it did not indicate whether the amount in controversy exceeded the  
10 \$75,000 removal threshold. On November 7, 2013, Plaintiff's counsel served a  
11 Statement of Damages, indicating that Plaintiff's damages exceed \$75,000. (*See*  
12 Statement of Damages, Ex. C). Defendant Macy's, Inc. received this Statement of  
13 Damages on November 18, 2013. Defendant filed this Notice of Removal on  
14 December 9, 2013.

15 True and correct copies of this Notice of Removal are being contemporaneously  
16 served upon Plaintiff and filed with the Los Angeles County Superior Court of the  
17 State of California, pursuant to 28 U.S.C. § 1446(d).

18 //

19 //

20 //

21 //

22 //

23 //

24 //

25 //

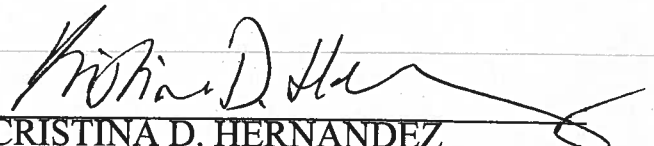
26 //

27 //

28 //

1 WHEREFORE, Defendant respectfully requests that this Court exercise  
2 jurisdiction over the above-captioned action and issue such further orders and  
3 processes as may be necessary herein.

4  
5 Dated: December 9, 2013

6   
7 CRISTINA D. HERNANDEZ  
8 Attorneys for Defendant MACY'S,  
9 INC.  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# EXHIBIT A

---



COPY

SUM-100

# SUMMONS (CITACION JUDICIAL)

## NOTICE TO DEFENDANT: (AVISO AL DEMANDADO):

MACY'S, MACY'S INC., REVA SHERMAN-MATTHEWS, AND DOES  
1 THROUGH 100 INCLUSIVE

## YOU ARE BEING SUED BY PLAINTIFF: (LO ESTÁ DEMANDANDO EL DEMANDANTE):

SHAKE TER PETROSSIAN

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)  
**CONFORMED COPY**  
ORIGINAL FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES

SEP 26 2013

John A. Clarke, Executive Officer/Clerk  
By Amber Hayes, Deputy

**NOTICE!** You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. **¡AVISO!** Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desecher el caso.

The name and address of the court is:

(El nombre y dirección de la corte es):

LOS ANGELES SUPERIOR COURT  
111 NORTH HILL STREET  
LOS ANGELES, CALIFORNIA 90012

CASE NUMBER:  
(Número del Caso):

BC522672

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

NANCY P. DOUMANIAN, ESQ. (818) 248-4700 (818) 248-4701  
DOUMANIAN & ASSOCIATES  
2626 FOOTHILL BOULEVARD, SUITE 250  
LA CRESCENTA, CALIFORNIA 91214

DATE:

(Fecha)

John A. Clarke

Clerk, by  
(Secretario)

Amber Hayes

Deputy  
(Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)

(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010)).

## NOTICE TO THE PERSON SERVED: You are served

- ☐ as an individual defendant.
- ☐ as the person sued under the fictitious name of (specify):

- ☒ on behalf of (specify):

under: ☒ CCP 416.10 (corporation)

☐ CCP 416.20 (defunct corporation)

☐ CCP 416.40 (association or partnership)

☐ other (specify):

- ☒ by personal delivery on (date):

☐ CCP 416.60 (minor)

☐ CCP 416.70 (conservatee)

☐ CCP 416.90 (authorized person)

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES**  
**NOTICE OF CASE ASSIGNMENT - UNLIMITED CIVIL CASE (NON-CLASS ACTION)**

Case Number \_\_\_\_\_

**00522612****THIS FORM IS TO BE SERVED WITH THE SUMMONS AND COMPLAINT**

Your case is assigned for all purposes to the judicial officer indicated below. There is additional information on the reverse side of this form.

ASSIGNED JUDGE	DEPT	ROOM	ASSIGNED JUDGE	DEPT	ROOM
Hon. Daniel Buckley	1	534	Hon. Michael Johnson	56	514
Hon. Barbara A. Meiers	12	636	Hon. Ralph W. Dau	57	517
Hon. Terry A. Green	14	300	Hon. Rolf M. Treu	58	516
Hon. Richard Fruin	15	307	Hon. Michael L. Stern	62	600
Hon. Rita Miller	16	306	Hon. Mark Mooney	68	617
Hon. Richard E. Rico	17	309	Hon. William F. Fahey	69	621
Hon. Kevin C. Brazile	20	310	Hon. Soussan G. Bruguera	71	729
Hon. Robert L. Hess	24	314	Hon. Ruth Ann Kwan	72	731
Hon. Mary Ann Murphy	25	317	Hon. Teresa Sanchez-Gordon	74	735
Hon. Yvette M. Palazuelos	28	318			
Hon. Barbara Schepers	30	400			
Hon. Mary H. Strobel	32	406	<b>Hon. Emilie H. Elias</b>	<b>324</b>	<b>CCW</b>
Hon. Maureen Duffy-Lewis	38	412	<b>Hon. Elihu M. Berle*</b>	<b>323</b>	<b>CCW</b>
Hon. Michelle R. Rosenblatt	40	414	OTHER		
Hon. Ronald M. Sohigian	41	417			
Hon. Holly E. Kendig	42	416			
Hon. Mel Red Recana	45	529			
Hon. Debra Katz Weintraub	47	507			
Hon. Elizabeth Allen White	48	506			
Hon. Deirdre Hill	49	509			
Hon. John L. Segal	50	508			
Hon. Abraham Khan	51	511			
✓ Hon. Susan Bryant-Deason	52	510			
Hon. Steven J. Kleinfeld	53	513			
Hon. Ernest M. Hiroshige	54	512			
Hon. Malcolm H. Mackey	55	515			

**\*Complex**

All cases designated as complex (other than class actions) are initially assigned to Judge Elihu M. Berle in Department 323 of the Central Civil West Courthouse (600 S. Commonwealth Ave., Los Angeles 90005). This assignment is for the purpose of assessing whether or not the case is complex within the meaning of California Rules of Court, rule 3.400. Depending on the outcome of that assessment, the case may be reassigned to one of the judges of the Complex Litigation Program or reassigned randomly to a court in the Central District.

Given to the Plaintiff/Cross-Complainant/Attorney of Record on \_\_\_\_\_ **SHERRI R. CARTER**, Executive Officer/Clerk  
 By \_\_\_\_\_, Deputy Clerk

COPY

SUM-100

# SUMMONS (CITACION JUDICIAL)

## NOTICE TO DEFENDANT: (AVISO AL DEMANDADO):

MACY'S, MACY'S INC., REVA SHERMAN-MATTHEWS, AND DOES  
1 THROUGH 100 INCLUSIVE

## YOU ARE BEING SUED BY PLAINTIFF: (LO ESTÁ DEMANDANDO EL DEMANDANTE):

SHAKE TER PETROSSIAN

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)  
**CONFORMED COPY**  
ORIGINAL FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES

SEP 26 2013

John A. Clarke, Executive Officer/Clerk  
By Amber Hayes, Deputy

**NOTICE:** You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. **AVISO:** Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is:

(El nombre y dirección de la corte es):

LOS ANGELES SUPERIOR COURT  
111 NORTH HILL STREET  
LOS ANGELES, CALIFORNIA 90012

CASE NUMBER:  
(Número del Caso):

BC522672

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

NANCY P. DOUMANIAN, ESQ.  
DOUMANIAN & ASSOCIATES  
2626 FOOTHILL BOULEVARD, SUITE 250  
LA CRESCENTA, CALIFORNIA 91214  
(818) 248-4700 (818) 248-4701

DATE:

(Fecha)

John A. Clarke

Clerk, by

(Secretario)

Amber Hayes

Deputy

(Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)

(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons. (POS-010)).

## NOTICE TO THE PERSON SERVED: You are served

1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of (specify):

3. ☐ on behalf of (specify):

- under:
- |  |   |
|--|---|
| <input type="checkbox"/> CCP 416.10 (corporation)                | <input type="checkbox"/> CCP 416.60 (minor)             |
| <input type="checkbox"/> CCP 416.20 (defunct corporation)        | <input type="checkbox"/> CCP 416.70 (conservatee)       |
| <input type="checkbox"/> CCP 416.40 (association or partnership) | <input type="checkbox"/> CCP 416.90 (authorized person) |
| <input type="checkbox"/> other (specify):                        |   |

4. ☐ by personal delivery on (date):



09/25/2013

Ace Attorney Service (213) 623-7527

**COPY**

1 NANCY P. DOUMANIAN, ESQ., SBN: 168925  
 2 **DOUMANIAN & ASSOCIATES**  
 2626 Foothill Boulevard, Suite 250  
 La Crescenta, California 91214  
 3 Telephone: (818) 248-4700  
 4 Facsimile: (818) 248-4701

**CONFORMED COPY**  
**ORIGINAL FILED**  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF LOS ANGELES

SEP 25 2013

Attorneys for Plaintiff, SHAKE TER PETROSSIAN

John A. Clarke, Executive Officer/Clerk  
 By Amber Hayes, Deputy

8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
 9 **FOR THE COUNTY OF LOS ANGELES - CENTRAL DISTRICT**

**BC522612**

11 SHAKE TER PETROSSIAN,

12 Plaintiff,

13 v.

14 MACY'S, MACY'S INC., REVA  
 15 SHERMAN-MATTHEWS, AND DOES 1  
 THROUGH 100 INCLUSIVE,

16 Defendants.

CASE NO. BC

**COMPLAINT FOR DAMAGES**

- (1) Unlawful Discrimination on the Basis of Physical Disability and Medical Condition in Violation of Fair Employment & Housing Act; [Government Code §12940 et seq.];
- (2) Disability Discrimination - Failure to Provide Reasonable Accommodation in Violation of Fair Employment & Housing Act [Government Code §12940(a)];
- (3) Disability Discrimination -- Failure to Engage in the Interactive Process in Violation of Fair Employment & Housing Act [Government Code §12940 et seq.];
- (4) Wrongful Termination/Retaliatory Discharge of Employment in Violation of Public Policy;
- (5) Intentional Infliction of Emotional Distress; and
- (6) Violation of California Family Rights Act

**[DEMAND FOR JURY TRIAL]****BY FAX**

26 COMES NOW Plaintiff **SHAKE TER PETROSSIAN** and for her causes of action  
 27 against Defendants **MACY'S, MACY'S INC., REVA SHERMAN-MATTHEWS, AND DOES 1**  
 28 **THROUGH 100 INCLUSIVE**, alleges as follows:

**GENERAL ALLEGATIONS**

1. The plaintiff dutifully served her employer for over six years in various sales capacities and was mistreated, discriminated against and summarily terminated by Macy's after she was diagnosed with a physical disability/medical condition which required medical treatment, surgical intervention, complex medical care and time off of work for medical treatment. Plaintiff, **SHAKE TER PETROSSIAN** [hereinafter referred to as "TER PETROSSIAN" or "plaintiff"] resides in the County of Los Angeles, State of California. This is her Complaint against her former employers, supervisors, individuals or managing agents of her former employer, for damages arising out of her mistreatment, abuse, wrongful termination and discrimination on the basis of physical disability/medical condition, retaliation, failure to accommodation, failure to engage in the interactive process, all in violation of the *California Fair Employment & Housing Act*, and other actionable conduct by the defendants. Plaintiff seeks compensatory and punitive damages in this action as a result of defendants' illegal and wrongful conduct.

2. Plaintiff sues fictitious Defendants **DOES 1 through 100**, inclusive pursuant to *California Code of Civil Procedure* § 474, because their names and/or capacities are not presently known. Plaintiff will amend the Complaint when such facts become known. Plaintiff is informed and believes and based thereon, alleges that each of the fictitiously named defendants are responsible in some manner for the occurrences herein alleged and that Plaintiff's damages were legally and/or proximately caused thereby. Moreover, the acts committed by **EMPLOYER** as described herein were duly authorized and directed by its officers, directors and managing agents. Additionally, **EMPLOYER** participated in the acts of its employees and managing agents as described herein, and ratified and accepted the benefits of such wrongful acts.

3. At all times referenced herein, Defendant, **MACY'S**, was and is a business entity believed to be a California Corporation [hereinafter referred to as "**EMPLOYER**" or

1 "MACY'S"], with its principal place of business in Southern California, and operating  
2 department stores throughout Southern California, and specifically within the County of Los  
3 Angeles. At all times relevant, this defendant was plaintiff's **EMPLOYER** and the  
4 **EMPLOYER** of all managers and supervisors or other managing agents who supervised  
5 plaintiff and as further identified herein. Plaintiff further alleges that this defendant was the  
6 corporate parent or other corporate affiliate of the other defendants and set the management,  
7 employment, personnel and labor policies to be implemented by the other defendants, and also  
8 obtained monetary profit or gain from the business operations of the other defendants in this  
9 action. Plaintiff further alleges that this defendant was the corporate parent of the other  
10 defendants and set the corporate, management, employment, personnel and labor policies to be  
11 implemented by the other defendants, and also obtained monetary profit or gain from the  
12 business operations of the other defendants in this action.

13 4. At all times referenced herein, Defendant **MACY'S INC.**, was and is a business  
14 entity, with its principal place of business in Southern California, and believed to be a California  
15 Corporation [hereinafter referred to as "**EMPLOYER**" or "**MACY'S INC.**"], and operating  
16 department stores throughout Southern California, and specifically within the County of Los  
17 Angeles. At all times relevant, this defendant was plaintiff's **EMPLOYER** and the  
18 **EMPLOYER** of all managers and supervisors or other managing agents who supervised  
19 plaintiff and as further identified herein. Plaintiff further alleges that this defendant was the  
20 corporate parent or other corporate affiliate of the other defendants and set the management,  
21 employment, personnel and labor policies to be implemented by the other defendants, and also  
22 obtained monetary profit or gain from the business operations of the other defendants in this  
23 action. Plaintiff further alleges that this defendant was the corporate parent of the other  
24 defendants and set the corporate, management, employment, personnel and labor policies to be  
25 implemented by the other defendants, and also obtained monetary profit or gain from the  
26 business operations of the other defendants in this action.

27 5. At all times referenced herein, Defendant **REVA SHERMAN-MATTHEWS**, is  
28 and was a resident of the County of Los Angeles, State of California, and was employed as the



1 corporate defendants' Accommodation Disability Manager, whose job duties involved  
2 communicating with employees out of work due to industrial injuries, making decisions about  
3 whether an injured worker would be permitted to return to work, the interactive process, policies  
4 regarding accommodations in the work place, as well as exploring work place accommodations  
5 with those employees to facilitate their return to work. Plaintiff is informed and believes, and  
6 based thereon contends, that said defendant intentionally, purposefully, and recklessly provided  
7 assurances to the plaintiff that she submit the required documentation to support her request for a  
8 medical leave of absence and that her job was waiting for her at the close of her leave. However,  
9 at the same time, this defendant issued a notice of termination to the plaintiff while plaintiff was  
10 still on an approved medical leave of absence, and before the period of approved leave had  
11 expired. This individual defendant also directed correspondence or other inquiries to the plaintiff  
12 suggesting that medical documents to confirm the medical condition or physical disability were  
13 lacking or insufficient when such documents were in the defendants' possession. At all times  
14 herein mentioned, the employer was aware of the plaintiff's medical condition and physical  
15 disability inasmuch as the employer received all of the plaintiff's medical records and reports  
16 relating to the work injury. Plaintiff further alleges that this individual defendant is a  
17 management level employee for the corporate defendants' and was charged with setting  
18 company and corporate policy for Macy's regarding the company's policies for returning injured  
19 workers to work following an industrial injury, sufficient to render her a "managing agent" of the  
20 corporate defendants.

21 6. This action is filed in this venue (the Central District of the Los Angeles Superior  
22 Court) pursuant to *California Rules of Court, Rule 2.0*, given the allegations of discrimination on  
23 and harassment. Consistent with *Local Rules of Court, Rule 2.0*, jurisdiction in the Central  
24 District of the Los Angeles Superior Court is proper.

25 7. At all times relevant, defendant **EMPLOYERS** were entities subject to suit under  
26 the *California Fair Employment and Housing Act-- Government Code § 12900, et. seq.*, in that  
27 they regularly employs five or more persons. Plaintiff is informed and believes that the  
28

1 defendant regularly employees ten thousand or more persons at all times referenced herein  
2 within its Southern California store operations and corporate office locations.

3 8. Plaintiff properly and timely complied with the requirements of the *Fair*  
4 *Employment and Housing Act [F.E.H.A.]* and exhausted her administrative remedies against the  
5 named defendants prior to the filing of this civil action on or about **JULY 3, 2013** and received  
6 her right-to-sue letter on or about **JULY 3, 2013**. Plaintiff has therefore timely and properly  
7 filed this civil action.

### 8 9 **FACTUAL BACKGROUND**

10 9. Plaintiff SHAKE TER PETROSSIAN was first hired by **EMPLOYER** in or  
11 about **2006** as a full times sales associate at the Macy's location found at 200 East Cypress  
12 Avenue, Burbank, California. The plaintiff remained continuously employed at this location in  
13 the same capacity through the date of her wrongful termination.

14 10. On or about **DECEMBER 7, 2011**, the plaintiff sustained an injury at work  
15 which was promptly reported to the employer. At that time, she was in the stock room retrieving  
16 shoes for a waiting customer when a box of shoes fell off of the shelving causing and onto the  
17 plaintiff. To this end, one shoe fell out of the cascading boxes causing the heel of the shoe to  
18 strike the plaintiff's eye. In connection with this industrial injury, the plaintiff was diagnosed  
19 with the following medical conditions/physical disabilities: Amblyopia, Refractive,  
20 Astigmatism, Myopia, Presbyopia (age related vision difficulty) and Pinguecula, and capsular  
21 cataract. The plaintiff later suffered medical complications and increased injuries following  
22 surgeries for this work injury. The plaintiff filed a claim for worker's compensation benefits  
23 relating to this eye injury which was industrial in origin.

24 11. The plaintiff underwent the first of four eye surgeries on **FEBRUARY 7, 2012**  
25 relating to this work injury. The plaintiff underwent a second eye surgery on or about  
26 **FEBRUARY 17, 2012** relating to this work injury. The plaintiff underwent two more eye  
27 surgeries in 2012, one on **MAY 5, 2012** and a fourth on **AUGUST 2, 2012**, both of which were  
28 relating to this work injury. With each surgery, plaintiff was aware of the risk of the loss of

1 vision and retinal detachment, which risk plaintiff accepted as she intended to return to her  
2 position at Macy's. Following these surgeries, the plaintiff suffered retinal detachment affecting  
3 her vision, which was a risk of the surgical procedures performed for the work injury. This  
4 unexpected medical complication required the plaintiff to extend her leave of absence so that she  
5 could complete the appropriate post-operative recovery and rehabilitation. Plaintiff was ready,  
6 willing and able to return to work at the expiration of her medical leave of absence and fully  
7 expected to resume her former position in shoe sales, with some reasonable accommodation for  
8 her medical condition/physical disability.

9       12. At all times during the periods of her post-operative recovery, the plaintiff kept  
10 Macy's informed about her medical status and submitted to Macy's return to work notices or  
11 status reports relating to her medical leaves of absence for this work injury. There was no period  
12 of time that plaintiff was away from work other than relating to an approved medical leave of  
13 absence. The plaintiff was on an approved medical leave of absence following the  
14 **FEBRUARY 2012** eye surgeries. On or about **MARCH 8, 2012**, Macys approved a leave of  
15 absence for the plaintiff through **APRIL 11, 2012**. The plaintiff underwent additional eye  
16 surgery for the work injury on or about **MAY 5, 2012**. On or about **MAY 9, 2012**, Macys  
17 approved a leave of absence for the plaintiff through **JULY 8, 2012**. The plaintiff underwent  
18 additional eye surgery for this work injury on **AUGUST 2, 2012**, and suffered post-operative  
19 complications to include retinal detachment. The plaintiff required additional time to recover  
20 following her eye surgery for the work injury. On or about **AUGUST 23, 2012**, Macys approved  
21 a leave of absence for the plaintiff through **SEPTEMBER 9, 2012**. On or about **SEPTEMBER**  
22 **13, 2012**, Macy's approved a leave of absence for the plaintiff through **NOVEMBER 26, 2012**.  
23 On or about **SEPTEMBER 13, 2012**, the plaintiff requested reasonable accommodation from  
24 Macys to assist her in her return work at the expiration of her approved medical leave of absence.  
25 The defendant employer never responded to plaintiff's requests for accommodation at any time.  
26 The defendant employer never initiated any discussion about accommodations or the interactive  
27 process with the plaintiff at any time prior to her termination. It was plaintiff's intention to  
28 return to work on **NOVEMBER 26, 2012** at the expiration of her approved medical leave of

1 absence. On or about **NOVEMBER 19, 2012**, and *prior* to the expiration of the plaintiff's  
 2 approved medical leave of absence which was confirmed as **NOVEMBER 26, 2012**, Macy's  
 3 informed the plaintiff in writing that she was being summarily terminated effective  
 4 **NOVEMBER 26, 2012**.

5 13. Prior to this injury, the plaintiff was a good and valuable employee who received  
 6 praise and recognition for her work performance from co-workers, managers and supervisors at  
 7 Macy's. Plaintiff received incremental pay increases, met Macy's commission and sales  
 8 expectations or quotas, and dutifully served the interests of her employer without incident.

9 14. At all relevant times, plaintiff presented the **EMPLOYER** with her doctor's notes  
 10 confirming her medical condition and/or physical disability as well as work restrictions and/or  
 11 time off of work that was needed. Plaintiff always kept her supervisors apprised of her medical  
 12 condition and physical disability, as well as her doctor's appointments and need for time off of  
 13 work to accommodate her medical condition. Moreover, **EMPLOYER** had actual knowledge of  
 14 plaintiff's medical condition, physical disability, and need for accommodations, through the  
 15 plaintiff's worker's compensation matter which remains pending, as well as through information  
 16 received by the employer from the plaintiff.

17 15. Despite her exemplary record, on **NOVEMBER 19, 2012**, plaintiff was  
 18 wrongfully terminated, retaliated against, mistreated and discriminated on the basis of her  
 19 medical condition and physical disability, without proper cause or justification following six  
 20 years of loyal and dutiful service to her **EMPLOYER**.

21  
 22 **FIRST CAUSE OF ACTION FOR UNLAWFUL DISCRIMINATION ON THE**  
 23 **BASIS OF PHYSICAL DISABILITY AND MEDICAL CONDITION IN**  
 24 **VIOLATION OF FAIR EMPLOYMENT & HOUSING ACT [GOVT CODE**  
 25 **SECTION 12940 ET SEQ.] AGAINST DEFENDANTS MACY'S, MACY'S INC.**  
 26 **AND DOES 1 THROUGH 100 INCLUSIVE.**

27 16. Plaintiff hereby incorporates by reference in this Complaint, Paragraphs 1 through  
 28 15, as though fully set forth herein.

1           17. At all times herein mention, *Government Code Sections 12926 and 12940 et seq.*,  
 2 were in full force and effect and binding upon **EMPLOYER** and defendants, and each of them.  
 3 To this end, Section 12940(a) of the *Government Code* states that "it shall be an unlawful  
 4 employment practice for an employer, because of the physical disability or medical condition of  
 5 any person, to discriminate against that person." Any such physical disability or medical  
 6 condition as referenced herein includes but is not limited to perceived disability or medical  
 7 conditions within the meaning of *Government Code Section 12926(m)*. Moreover, *Government*  
 8 *Code Section 12993(a)* confirms that "FEHA declares that its provisions shall be construed  
 9 liberally for the accomplishment of the purposes thereof."

10           18. The plaintiff alleges that defendants wrongfully discriminated against, retaliated  
 11 and ultimately terminated her based on her medical condition and/or physical disability or her  
 12 perceived physical disability or medical condition and further alleges as follows: (1) That the  
 13 defendants were the **EMPLOYER** of the plaintiff; (2) That the plaintiff was an employee of the  
 14 defendants; (3) That the defendants knew of the plaintiff's medical condition and/or physical  
 15 disability by virtue of her having reported the medical condition and/or physical disability to the  
 16 employer and permitted the employer full access to her medical records; (4) That the plaintiff  
 17 was able to perform her job duties with reasonable accommodation for her medical condition  
 18 and/or physical disability; (5) That the plaintiff was subjected to various adverse employment  
 19 actions by the defendants; (6) That the defendants failed and refused to reasonably accommodate  
 20 or engage in the interactive process with the plaintiff; (7) That the plaintiff's medical condition  
 21 and/or physical disability [or defendant's perception or belief that plaintiff had a medical  
 22 condition or physical disability] was a motivating reason for the defendant's termination of  
 23 plaintiff; (8) That the plaintiff was harmed by the defendant's wrongful and unjustified  
 24 discrimination and termination both emotionally and financially; (9) That the defendant's  
 25 wrongful discrimination and termination of the plaintiff was a substantial factor in causing the  
 26 plaintiff's harm, injury and damages.

27           19. A substantial or motivating factor in defendant's termination of the plaintiff and  
 28 its failure to reasonably accommodate plaintiff or otherwise engage in a good faith interactive



1 process with her, is and was the plaintiff's physical disability, perceived disability, or medical  
 2 condition (eye injury, retinal detachment and partial loss of vision) as set forth herein, her having  
 3 filed a claim for industrial injuries relating to the subject injury, and her now being perceived by  
 4 defendants as an unfit and undesirable employee due to her medical condition and physical  
 5 disability.

6 20. In so failing and refusing to reasonably accommodate the plaintiff, defendants  
 7 engaged in an unlawful employment practice within the meaning of *Government Code Sections*  
 8 *12940(a)* and *12926* in violation of the California Fair Employment & Housing Act found at  
 9 *Government Code Section 12900* et seq.. Defendants engaged in various adverse employment  
 10 actions towards the plaintiff culminating in plaintiff's termination.

11 21. As such, defendants are liable for punitive damages under *Civil Code § 3294*  
 12 arising from physical disability/medical condition discrimination against plaintiff as alleged  
 13 under *Government Code §§ 12926 and 12940(j)(1)*. At all times relevant, said disability  
 14 discrimination against plaintiff and wrongful termination of plaintiff was fraudulent, malicious  
 15 and oppressive as defined by *Civil Code § 3294*.

16 22. In the event this Court finds that defendants are the sole and true employer entity  
 17 of the plaintiff, then said defendants are liable for punitive damages under *Civil Code § 3294*, for  
 18 the discriminatory treatment against plaintiff in violation of *Government Code § 12940(a)*.

19 23. The discriminatory and retaliatory treatment of plaintiff in violation of  
 20 *Government Code § 12940(a)*; and discrimination of plaintiff on the basis of her medical  
 21 condition and/or physical disability in violation of *Government Code §§ 12926 and 12940(j)(1)*  
 22 were carried out by managerial and supervisory employees of defendants, acting in a despicable,  
 23 deliberate, cold, callous, and intentional manner in order to humiliate, harm, injure and damage  
 24 plaintiff. Plaintiff is entitled to recover punitive damages from defendants pursuant to *Civil*  
 25 *Code § 3294*, in an amount according to proof at trial.

26 24. At all times relevant, defendants were aware of or otherwise ratified the unlawful  
 27 discrimination on the basis of medical condition and/or physical disability against plaintiff by  
 28



1 management and supervisory personnel as alleged herein, and as carried out by defendants'  
2 management, supervisory employees and other managing agents.

3 25. As a direct, proximate and legal result of the aforesaid acts of defendants, plaintiff  
4 has lost and will continue to lose earnings and other employment benefits (i.e., medical, dental,  
5 health insurance, vision, retirement, pension, 401k, etc.), and has suffered and or will suffer other  
6 actual, consequential and incidental financial losses, in an amount to be proven at the time of  
7 trial. Plaintiff claims such amounts as damages together with prejudgment interest pursuant to  
8 *Civil Code* §§ 3287, 3288 and/or any other provision of law providing for prejudgment interest.

9 26. As a direct, proximate and legal result of the aforesaid acts of defendants, plaintiff  
10 has become mentally upset, severely emotionally distressed, frustrated, depressed, embarrassed,  
11 fragile, humiliated and aggravated. Plaintiff claims non-economic or general damages for such  
12 mental and emotional distress and aggravation in a sum in excess of the jurisdictional minimum  
13 of the Superior Court.

14 27. Further, and pursuant to *Government Code* § 12965(b), plaintiff is entitled to and  
15 requests reasonable attorney's fees, and all recoverable costs according to law.

16  
17 **SECOND CAUSE OF ACTION FOR DISABILITY DISCRIMINATION –**  
18 **FAILURE TO PROVIDE REASONABLE ACCOMODATION IN VIOLATION**  
19 **OF FAIR EMPLOYMENT & HOUSING ACT [GOVT CODE SECTION 12940(m)]**  
20 **AGAINST DEFENDANTS MACY'S, MACY'S INC. AND DOES 1 THROUGH**  
21 **100 INCLUSIVE.**

22 28. Plaintiff hereby incorporates by reference in this Complaint, Paragraphs 1 through  
23 27, as though fully set forth herein.

24 29. At all times herein mention, *Government Code* Sections 12940(m) was in full  
25 force and effect and binding upon defendants, and each of them. To this end, Section 12940(m)  
26 of the *Government Code* states that "it shall be an unlawful employment practice for an employer  
27 to fail to make reasonable accommodation for the known physical or mental disability of an  
28

1 employee." Moreover, *Government Code Section 12993(a)* confirms that "FEHA declares that it  
2 its provisions shall be construed liberally for the accomplishment of the purposes thereof."

3 30. The plaintiff claims that defendants wrongfully discriminated against her and  
4 failed to offer any reasonable accommodation for her physical disability and/or medical  
5 condition, and further alleges as follows: (1) That the defendants were plaintiff's **EMPLOYER**;  
6 (2) That the plaintiff was an employee of defendants; (3) That defendants treated plaintiff as if  
7 she had a physical disability and/or medical condition that affected a major life activity; (4) That  
8 the defendants knew of the plaintiff's physical disability and/or medical condition given the  
9 plaintiff's workers compensation action accepted by the employer and which permitted the  
10 employer unfettered access to information about her medical care; (5) That the plaintiff was able  
11 to perform the essential functions of her job duties with reasonable accommodation for her  
12 medical condition and/or physical disability; (6) That the defendants failed to provide reasonable  
13 accommodation for the plaintiff's medical condition and/or physical disability; (7) That the  
14 plaintiff was harmed both financially and emotionally by defendants' refusal to reasonably  
15 accommodate her; and (8) That the defendants' failure to provide reasonable accommodation  
16 was a substantial factor in causing the plaintiff's injury, damage and harm.

17 31. Plaintiff is further informed and believes, and based thereon contends, that the  
18 defendants could have easily and reasonably accommodated her medical condition and/or  
19 disability in some of the following ways: (1) changing job responsibilities or work schedules; (2)  
20 reassigning the plaintiff to a less physically demanding position; (3) modifying or providing  
21 equipment and assistive devices to permit the plaintiff to do her job; or (4) providing other  
22 similar accommodations for an individual with a physical disability or medical condition. The  
23 plaintiff further contends that the defendants did not act in good faith in regards to initiating or  
24 otherwise participating in the interactive process in regards to the plaintiff following industrial  
25 injury and at the time she expressed her desire to return to work at the conclusion of her  
26 approved medical leave of absence.

27 32. In so failing and refusing to reasonably accommodate and in retaliating against  
28 the plaintiff, defendants engaged in an unlawful employment practice within the meaning of

1 *Government Code Sections 12940(a) and 12926 in violation of the California Fair Employment*  
2 *& Housing Act found at Government Code Section 12900 et seq..*

3 33. As such, defendants are liable for punitive damages under *Civil Code § 3294*  
4 arising from the failure to provide reasonable accommodation for the plaintiff as alleged under  
5 *Government Code §§ 12926 and 12940(j)(1)*. At all times relevant, said medical condition  
6 and/or physical disability discrimination against plaintiff was fraudulent, malicious and  
7 oppressive as defined by *Civil Code § 3294*.

8 34. In the event this Court finds that defendants are the sole and true employer entity,  
9 then said defendants are liable for punitive damages under *Civil Code § 3294*, for the  
10 discriminatory treatment and abuse on the job against plaintiff in violation of *Government Code*  
11 *§ 12940(a)*.

12 35. The discriminatory treatment of plaintiff in violation of *Government Code §*  
13 *12940(a)*; and discrimination of plaintiff on the basis of his medical condition and/or disability in  
14 violation of *Government Code §§ 12926 and 12940(j)(1)* were carried out by managerial and  
15 supervisory employees of defendants, acting in a despicable, deliberate, cold, callous, and  
16 intentional manner in order to humiliate, harm, injure and damage plaintiff. Plaintiff is entitled  
17 to recover punitive damages from defendants pursuant to *Civil Code § 3294*, in an amount  
18 according to proof at trial.

19 36. At all times relevant, defendants were aware of or otherwise ratified the unlawful  
20 discrimination on the basis of medical condition and/or physical disability against plaintiff by  
21 management and supervisory personnel as alleged herein, and as carried out by defendants'  
22 management, supervisory employees and other managing agents.

23 37. As a direct, proximate and legal result of the aforesaid acts of defendants, plaintiff  
24 has lost and will continue to lose earnings and other employment benefits (i.e., medical, dental,  
25 health insurance, vision, retirement, pension plan, pension plan, 401k, etc.), and has suffered and  
26 or will suffer other actual, consequential and incidental financial losses, in an amount to be  
27 proven at the time of trial. Plaintiff claims such amounts as damages together with prejudgment  
28

1 interest pursuant to *Civil Code* §§ 3287, 3288 and/or any other provision of law providing for  
2 prejudgment interest.

3 38. As a direct, proximate and legal result of the aforesaid acts of defendants, plaintiff  
4 has become mentally upset, severely emotionally distressed, frustrated, depressed, embarrassed,  
5 fragile, humiliated and aggravated. Plaintiff claims non-economic or general damages for such  
6 mental and emotional distress and aggravation in a sum in excess of the jurisdictional minimum  
7 of the Superior Court.

8 39. Further, and pursuant to *Government Code* § 12965(b), plaintiff is entitled to and  
9 requests reasonable attorney's fees, and all recoverable costs according to law.

10  
11  
12 **THIRD CAUSE OF ACTION FOR DISABILITY DISCRIMINATION – FAILURE**  
13 **TO ENGAGE IN THE INTERACTIVE PROCESS IN VIOLATION OF**  
14 **GOVERNMENT CODE SECTION 12940(n) AGAINST DEFENDANTS MACY'S,**  
15 **MACY'S INC. AND DOES 1 THROUGH 100 INCLUSIVE.**

16 40. Plaintiff hereby incorporates by reference in this Complaint, Paragraphs 1 through  
17 39, as though fully set forth herein.

18 41. *California Government Code Section 12940(n)* provides that "it is an unlawful  
19 employment practice for an employer to fail to engage in a timely, good faith interactive process  
20 with the employee to determine effective reasonable accommodations, if any, in response to a  
21 request for reasonable accommodation by an employee with a known physical or mental  
22 disability or known medical condition." *California Government Code Section 12926.1(e)* further  
23 provides that the Legislature affirms the importance of the interactive process between the  
24 employee and the employer in determining reasonable accommodations, as this requirement has  
25 been articulated by the Equal Employment Opportunity Commission in its interpretive guidelines  
26 of the *Americans with Disabilities Act of 1990*.

27 42. The plaintiff alleges that defendants failed to engage in a timely, thorough, and  
28 good faith interactive process with her to determine whether it would be possible to implement

1 effective reasonable accommodations so that plaintiff could perform her job with reasonable  
 2 accommodations which were not burdensome to the **EMPLOYER** or otherwise disruptive to the  
 3 **EMPLOYER'S** business. The plaintiff further alleges as follows: (1) That defendants were the  
 4 plaintiff's **EMPLOYER**; (2) That the plaintiff was an employee of defendants; (3) That plaintiff  
 5 had sustained an injury at the work place which required reasonable accommodation and which  
 6 injury was known to defendants; (4) That plaintiff requested that defendants make reasonable  
 7 accommodation for her medical condition and/or physical disability so that she would be able to  
 8 perform the essential job requirements; (5) That the plaintiff was ready, able and willing to  
 9 participate in the interactive process to determine whether reasonable accommodation could be  
 10 made so that she would be able to perform the essential job requirements; (6) That defendants  
 11 failed to participate in a timely good faith interactive process with the plaintiff to determine  
 12 whether reasonable accommodations could be made; (7) That the plaintiff was harmed  
 13 emotionally and financially; and (8) That the defendant's failure to engage in a good faith  
 14 interactive process was a substantial factor in causing the plaintiff's injury, damage and harm.

15 43. In so failing and refusing to reasonably accommodate the plaintiff and properly  
 16 engage in the interactive process, defendants engaged in an unlawful employment practice within  
 17 the meaning of *Government Code Sections 12940(a) and 12926* in violation of the *California*  
 18 *Fair Employment & Housing Act* found at *Government Code Section 12900 et seq.*

19 44. As such, defendants are liable for punitive damages under *Civil Code § 3294*  
 20 arising from the failure to engage in the interactive process with the plaintiff as alleged under  
 21 *Government Code §§ 12926 and 12940(j)(1)*. At all times relevant, said disability discrimination  
 22 against plaintiff was fraudulent, malicious and oppressive as defined by *Civil Code § 3294*.

23 45. In the event this Court finds that defendants are the sole and true employer entity,  
 24 then said defendants are liable for punitive damages under *Civil Code § 3294*, for the  
 25 discriminatory treatment against plaintiff in violation of *Government Code § 12940(a)*.

26 46. The discriminatory treatment of plaintiff in violation of *Government Code §*  
 27 *12940(a)*; and discrimination of plaintiff on the basis of his medical condition and/or physical  
 28 disability in violation of *Government Code §§ 12926 and 12940(j)(1)* were carried out by



1 managerial and supervisory employees of defendants, acting in a despicable, deliberate, cold,  
2 callous, and intentional manner in order to humiliate, harm, injure and damage plaintiff. Plaintiff  
3 is entitled to recover punitive damages from defendants pursuant to *Civil Code* § 3294, in an  
4 amount according to proof at trial.

5 47. At all times relevant, defendants were aware of or otherwise ratified the unlawful  
6 discrimination on the basis of a physical condition and medical disability by management and  
7 supervisory personnel as alleged herein, and as carried out by defendants' management,  
8 supervisory employees and other managing agents.

9 48. As a direct and legal result of the aforesaid acts of defendants, plaintiff has lost  
10 and will continue to lose earnings and other employment benefits (i.e., medical, dental, health  
11 insurance, vision, retirement, pension plan, 401k, etc.), and has suffered and or will suffer other  
12 actual, consequential and incidental financial losses, in an amount to be proven at the time of  
13 trial. Plaintiff claims such amounts as damages together with prejudgment interest pursuant to  
14 *Civil Code* §§ 3287, 3288 and/or any other provision of law providing for prejudgment interest.  
15 Defendants engaged in various adverse employment actions towards the plaintiff, including but  
16 not limited to, criticizing his work performance, retaliation, increasing pressure on the job to  
17 meet deadlines and work obligations, changing plaintiff's work duties, failing to accommodate  
18 him, increasing his work load, unfair criticism and discipline, and ultimately terminating the  
19 plaintiff.

20 49. As a direct, proximate and legal result of the aforesaid acts of defendants, plaintiff  
21 has become mentally upset, severely emotionally distressed, frustrated, depressed, embarrassed,  
22 fragile, humiliated and aggravated. Plaintiff claims non-economic or general damages for such  
23 mental and emotional distress and aggravation in a sum in excess of the jurisdictional minimum  
24 of the Superior Court.

25 50. Further, and pursuant to *Government Code* § 12965(b), plaintiff is entitled to and  
26 requests reasonable attorney's fees, and all recoverable costs according to law.



1           **FOURTH CAUSE OF ACTION FOR WRONGFUL TERMINATION AND**  
2           **RETALIATORY DISCHARGE IN VIOLATION OF PUBLIC POLICY AGAINST**  
3           **DEFENDANTS MACY'S, MACY'S INC. AND DOES 1 THROUGH 100**  
4           **INCLUSIVE.**

5           51. Plaintiff hereby incorporates by reference the above in this Complaint, Paragraphs  
6 1 through 50, as though fully set forth herein.

7           52. At all times herein mentioned *Article 1, section 8 of the California Constitution*  
8 was in full force and effect and was binding upon defendants, and each of them. Said sections  
9 require defendants to refrain from harassing and discriminating against any employee on the  
10 basis of, among other things, their physical disability and/or medical condition.

11          53. The actions of defendants and their responsible managing agents as directed  
12 against the plaintiff, as alleged herein, violated in several respects, *Article 1, Section 8 of the*  
13 *California Constitution*. Said violations were substantial and were the legal and/or proximate  
14 cause of harm, damage and injury to plaintiff as set forth herein.

15          54. At all times herein mentioned, *California Government Code §12920*, states in  
16 pertinent part that: "It is hereby declared as the public policy of this state that it is necessary to  
17 protect and safeguard the right and opportunity of all persons to seek, obtain and hold  
18 employment without discrimination or abridgement on account of race, religious creed, color,  
19 national origin, ancestry, *physical disability*, mental disability, *medical condition*, marital status,  
20 sex, age or sexual orientation."

21          55. At all times herein mentioned, *California Government Code §12921(a)* states:  
22 "The opportunity to seek, obtain, and hold employment without discrimination because of race,  
23 religious creed, color, national origin, ancestry, *physical disability*, mental disability, *medical*  
24 *condition*, marital status, sex, age or sexual orientation is hereby recognized as and declared to be  
25 a civil right."

26          56. **PLAINTIFF** alleges that defendants violated these statutes in their mistreatment  
27 and discrimination of plaintiff on the basis of her medical condition and/or physical disability  
28 based on the factual allegations set forth herein.

1           57. Defendant **EMPLOYER**, by and through the actions of its managing agents  
 2 discriminated against and harassed or otherwise knew of and ratified the discrimination and  
 3 harassment of **PLAINTIFF** continuing through **NOVEMBER 26, 2012**, by engaging in various  
 4 adverse employment actions culminating in terminating her employment with **EMPLOYER**.

5           58. Said discrimination, harassment and termination of plaintiff's employment on  
 6 **NOVEMBER 26, 2012** was a violation of public policy, and violated and abridged plaintiff's  
 7 opportunity to hold employment without discrimination on the basis of medical condition and/or  
 8 physical disability, and was therefore a violation of her civil rights under *California Government*  
 9 *Code §12921(a) and 12940 et seq.*

10           59. As a direct, proximate and legal result of defendant **EMPLOYER's** unlawful  
 11 employment practices as alleged above, **PLAINTIFF** suffered and continues to suffer economic  
 12 and non-economic damages to an extent and amount according to proof at the time of trial.  
 13 Economic damages shall include, but are not limited to, any and all claims for lost wages,  
 14 benefits, salary increases and income, both past and future. Non-economic damages shall include  
 15 but are not limited to the fear, humiliation, emotional distress, and mental, or emotional or  
 16 physical pain and anguish that have been and/or will foreseeably be experienced by  
 17 **PLAINTIFF**, all to his damage and detriment, in a sum according to proof at trial.

18           60. **PLAINTIFF** is entitled to any and all compensatory and punitive damages  
 19 recoverable under California law, as well as attorney's fees as provided by statute. Plaintiff  
 20 claims such amounts as damages together with prejudgment interest pursuant to *Civil Code §§*  
 21 *3287, 3288* and/or any other provision of law providing for prejudgment interest.

22           **FIFTH CAUSE OF ACTION FOR INTENTIONAL INFLICTION OF**  
 23           **EMOTIONAL DISTRESS AGAINST ALL DEFENDANTS AND DOES 1-100**  
 24           **INCLUSIVE.**

25           61. Plaintiff hereby incorporates by reference the above in this Complaint, Paragraphs  
 26 1 through 60, as though fully set forth herein

27           62. Plaintiff alleges that the acts, omissions to act, and conduct of defendants'  
 28 managers, managing agents, representatives, supervisors or other employees, as alleged above,

1 and as authorized or subsequently ratified by defendant **EMPLOYER**, caused plaintiff to suffer  
2 severe and extreme emotional distress.

3 63. At all times relevant, the acts, omissions to act, and conduct of the defendants  
4 and each of them, directed towards or in relation to the plaintiff were extreme and outrageous  
5 and beyond what is tolerated in a civilized society.

6 64. At all times relevant, defendants and each of them, either intended to cause  
7 plaintiff emotional distress, or acted with reckless disregard of the probability that plaintiff  
8 would suffer emotional distress.

9 65. Plaintiff suffered severe emotional distress, and defendants' acts and omissions  
10 were a substantial factor in causing plaintiff's damages.

11 66. Plaintiff contends that in committing the herein described acts, defendants acted  
12 with malice, oppression and with conscious disregard of plaintiff's rights and/or the reckless  
13 probability that their conduct would cause plaintiff harm. Plaintiff is entitled to any and all  
14 compensatory and punitive damages recoverable under California law.

15 67. As a direct, proximate and legal result of defendant **EMPLOYER's** unlawful  
16 employment practices as alleged above, **PLAINTIFF** suffered and continues to suffer economic  
17 and non-economic damages to an extent and amount according to proof at the time of trial.  
18 Economic damages shall include, but are not limited to, any and all claims for lost wages,  
19 benefits, salary increases and income, both past and future. Non-economic damages shall include  
20 but are not limited to the fear, humiliation, emotional distress, and mental, or emotional or  
21 physical pain and anguish that have been and/or will foreseeably be experienced by  
22 **PLAINTIFF**, all to her damage and detriment, in a sum according to proof at trial. Defendants  
23 engaged in various adverse employment actions towards the plaintiff culminating in plaintiff's  
24 termination.

25 68. **PLAINTIFF** is entitled to any and all compensatory and punitive damages  
26 recoverable under California law. Plaintiff claims such amounts as damages together with  
27 prejudgment interest pursuant to *Civil Code* §§ 3287, 3288 and/or any other provision of law  
28 providing for prejudgment interest.

**SIXTH CAUSE OF ACTION FOR VIOLATION OF CALIFORNIA FAMILY RIGHTS ACT AGAINST DEFENDANTS MACY'S, MACY'S INC. AND DOES 1 THROUGH INCLUSIVE.**

69. Plaintiff hereby incorporates by reference the above in this Complaint, Paragraphs 1 through 68, as though fully set forth herein.

70. MACY'S and MACY'S INC. were employers subject to the California Family Rights Act (CFRA), Government Code section 12945.2, which provides that "[i]t shall be an unlawful employment practice for any employer to refuse to grant a request by any employee with more than 12 months of service with the employer, and who has at least 1,250 hours of service with the employer during the previous 12-month period, to take up to a total of 12 workweeks in any 12-month period for family care and medical leave. Family care and medical leave requested pursuant to this subdivision shall not be deemed to have been granted unless the employer provides the employee, upon granting the leave request, a guarantee of employment in the same or a comparable position upon the termination of the leave.." "Medical leave" includes "leave because of an employee's own serious health condition" under the CFRA.

71. At all times material hereto, plaintiff had at least 1,250 hours of service with the corporate defendants during the 12 month period prior to her request for medical leave.

72. *Government Code section 12945.2* further provides, "It shall be an unlawful employment practice for an employer to refuse to hire, or to discharge, fine, suspend, expel, or discriminate against, any individual because of an individual's exercise of the right to family care and medical leave.

73. In acting and omitting to act as alleged hereinabove, defendants and each of them continuously and repeatedly violated the CFRA and committed unfair employment practices, including but not limited to, by denying plaintiff's request for medical leave as originally requested, by failing to timely process plaintiff's request for medical leave, by failing to notify

1 plaintiff of the disposition of her request for medical leave, and by retaliating against plaintiff for  
2 exercising her right to medical leave.

3 74. By reason and in furtherance of said violations of law and unlawful employment  
4 practices, defendants precluded the plaintiff from returning to work as she had expected to do at  
5 the expiration of her medical leave of absence for the work injury she sustained.

6 75. Plaintiff is informed and believes and thereon alleges that defendants' desire to  
7 retaliate against plaintiff for her exercise of her rights under the CFRA was a substantial  
8 motivating reason for the decision by defendants, and each of them, to terminate plaintiff.

9 76. As a direct, proximate and legal result of defendant **EMPLOYER's** unlawful  
10 employment practices as alleged above, **PLAINTIFF** suffered and continues to suffer economic  
11 and non-economic damages to an extent and amount according to proof at the time of trial.  
12 Economic damages shall include, but are not limited to, any and all claims for lost wages,  
13 benefits, salary increases and income, both past and future. Non-economic damages shall include  
14 but are not limited to the fear, humiliation, emotional distress, and mental, or emotional or  
15 physical pain and anguish that have been and/or will foreseeably be experienced by  
16 **PLAINTIFF**, all to her damage and detriment, in a sum according to proof at trial. Defendants  
17 engaged in various adverse employment actions towards the plaintiff culminating in plaintiff's  
18 termination.

19 77. **PLAINTIFF** is entitled to any and all compensatory and punitive damages  
20 recoverable under California law. Plaintiff claims such amounts as damages together with  
21 prejudgment interest pursuant to *Civil Code* §§ 3287, 3288 and/or any other provision of law  
22 providing for prejudgment interest. Plaintiff also seeks attorney's fees as permitted by law.  
23  
24  
25  
26  
27  
28

**PRAYER**

***WHEREFORE, Plaintiff SHAKE TER PETROSSIAN*** seeks judgment against Defendants, and each of them, for:

(1) For compensatory damages including lost wages, lost employee benefits, bonuses, benefits, mental and emotional distress, economic and non-economic damages, and other special and general damages according to proof at trial;

(2) For an award of punitive damages pursuant to *Code of Civil Procedure* §3294, as against all defendants and as to all causes of action;

(3) For an award of interest, including prejudgment interest, at the legal rate;

(4) For an award to Plaintiff of costs of suit incurred herein on all causes of action;

(5) For an award to Plaintiff of reasonable attorney's fees and costs;

(6) For an award to Plaintiff of such other and further relief as this Court deems just and proper.

DATED: September 25, 2013

***DOUMANIAN & ASSOCIATES***

By: 

NANCY P. DOUMANIAN, ESQ.  
Attorneys for Plaintiff,  
SHAKE TER PETROSSIAN

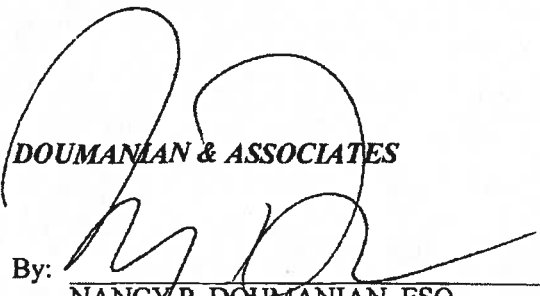


**DEMAND FOR JURY TRIAL**

Plaintiff SHAKE TER PETROSSIAN hereby demands a trial by jury in this action.

DATED: September 25, 2013

*DOUMANIAN & ASSOCIATES*

By:   
NANCY P. DOUMANIAN, ESQ.  
Attorneys for Plaintiff,  
SHAKE TER PETROSSIAN

09/25/2013

Ace Attorney Service (213) 623-7527

COPY

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>NANCY P. DOUMANIAN, ESQ.</b> <b>DOUMANIAN &amp; ASSOCIATES</b> <b>2626 FOOTHILL BOULEVARD</b> <b>SUITE 250</b> <b>LA CRESCENTA, CALIFORNIA 91214</b> TELEPHONE NO: (818) 248-4700 FAX NO: (818) 248-4701 ATTORNEY FOR (Name): <b>Plaintiff, Shake Ter Petrossian</b>		<b>CONFORMED COPY</b> <b>ORIGINAL FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES  <b>SEP 26 2013</b>  <b>John A. Clarke, Executive Officer/Clerk</b> <b>By Amber Hayes, Deputy</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: <b>111 NORTH HILL STREET</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>LOS ANGELES, CALIFORNIA 90012</b> BRANCH NAME: <b>CENTRAL DISTRICT</b>		
CASE NAME: <b>Ter Petrossian v. Macy's, et al.</b>		
<b>CIVIL CASE COVER SHEET</b> <input checked="" type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less) Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)		CASE NUMBER: <b>BC522612</b> JUDGE: DEPT:

Items 1-6 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

<b>Auto Tort</b> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) <b>Other P/UPD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b> <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other P/UPD/WD (23) <b>Non-P/UPD/WD (Other) Tort</b> <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-P/UPD/WD tort (35) <b>Employment</b> <input checked="" type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<b>Contract</b> <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) <b>Real Property</b> <input type="checkbox"/> Eminent domain/inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) <b>Unlawful Detainer</b> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <b>Judicial Review</b> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<b>Provisionally Complex Civil Litigation</b> (Cal. Rules of Court, rules 3.400-3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) <b>Enforcement of Judgment</b> <input type="checkbox"/> Enforcement of judgment (20) <b>Miscellaneous Civil Complaint</b> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) <b>Miscellaneous Civil Petition</b> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43)
---	--	---

2. This case ☐ is ☒ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- |  |  |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties   | d. <input type="checkbox"/> Large number of witnesses  |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence   | f. <input type="checkbox"/> Substantial postjudgment judicial supervision  |
3. Remedies sought (check all that apply): a. ☒ monetary b. ☐ nonmonetary; declaratory or injunctive relief c. ☒ punitive

4. Number of causes of action (specify): Six

5. This case ☐ is ☒ is not a class action suit.

6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)

Date: September 25, 2013

Nancy P. Doumanian

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

## NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

BY FAX

09/25/2013

Ace Attorney Service (213) 623-7527

**COPY**

SHORT TITLE: Ter Petrossian v. Macy's, et al.

CASE NUMBER

00522612

**CIVIL CASE COVER SHEET ADDENDUM AND  
STATEMENT OF LOCATION  
(CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)**

This form is required pursuant to Local Rule 2.0 in all new civil case filings in the Los Angeles Superior Court.

Item I. Check the types of hearing and fill in the estimated length of hearing expected for this case:

JURY TRIAL? ☒ YES CLASS ACTION? ☐ YES LIMITED CASE? ☐ YES TIME ESTIMATED FOR TRIAL 15 ☐ HOURS / ☒ DAYS

Item II. Indicate the correct district and courthouse location (4 steps – If you checked "Limited Case", skip to Item III, Pg. 4):

**Step 1:** After first completing the Civil Case Cover Sheet form, find the main Civil Case Cover Sheet heading for your case in the left margin below, and, to the right in Column A, the Civil Case Cover Sheet case type you selected.

**Step 2:** Check one Superior Court type of action in Column B below which best describes the nature of this case.

**Step 3:** In Column C, circle the reason for the court location choice that applies to the type of action you have checked. For any exception to the court location, see Local Rule 2.0.

**Applicable Reasons for Choosing Courthouse Location (see Column C below)**

- |  |  |
|--|--|
| 1. Class actions must be filed in the Stanley Mosk Courthouse, central district. | 6. Location of property or permanently garaged vehicle.    |
| 2. May be filed in central (other county, or no bodily injury/property damage).  | 7. Location where petitioner resides.                      |
| 3. Location where cause of action arose.   | 8. Location wherein defendant/respondent functions wholly. |
| 4. Location where bodily injury, death or damage occurred.                       | 9. Location where one or more of the parties reside.       |
| 5. Location where performance required or defendant resides.                     | 10. Location of Labor Commissioner Office                  |

**Step 4:** Fill in the information requested on page 4 in Item III; complete Item IV. Sign the declaration.

	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons (See Step 3/Above)
Auto Tort	Auto (22)	<input type="checkbox"/> A7100 Motor Vehicle - Personal Injury/Property Damage/Wrongful Death	1., 2., 4.
	Uninsured Motorist (46)	<input type="checkbox"/> A7110 Personal Injury/Property Damage/Wrongful Death - Uninsured Motorist	1., 2., 4.
Other Personal Injury/Property Damage/Wrongful Death Tort	Asbestos (04)	<input type="checkbox"/> A6070 Asbestos Property Damage <input type="checkbox"/> A7221 Asbestos - Personal Injury/Wrongful Death	2. 2.
	Product Liability (24)	<input type="checkbox"/> A7260 Product Liability (not asbestos or toxic/environmental)	1., 2., 3., 4., 8.
	Medical Malpractice (45)	<input type="checkbox"/> A7210 Medical Malpractice - Physicians & Surgeons <input type="checkbox"/> A7240 Other Professional Health Care Malpractice	1., 4. 1., 4.
	Other Personal Injury Property Damage Wrongful Death (23)	<input type="checkbox"/> A7250 Premises Liability (e.g., slip and fall)	1., 4.
		<input type="checkbox"/> A7230 Intentional Bodily Injury/Property Damage/Wrongful Death (e.g., assault, vandalism, etc.)	1., 4.
<input type="checkbox"/> A7270 Intentional Infliction of Emotional Distress		1., 3.	
<input type="checkbox"/> A7220 Other Personal Injury/Property Damage/Wrongful Death		1., 4.	

**BY FAX**

09/25/2013

Ace Attorney Service (213) 623-7527

2 of 4

SHORT TITLE: Ter Petrossian v. Macy's, et al.		CASE NUMBER
Non-Personal Injury/ Property Damage/ Wrongful Death Tort	Business Tort (07)	<input type="checkbox"/> A6029 Other Commercial/Business Tort (not fraud/breach of contract) 1., 3.
	Civil Rights (08)	<input type="checkbox"/> A6005 Civil Rights/Discrimination 1., 2., 3.
	Defamation (13)	<input type="checkbox"/> A6010 Defamation (slander/libel) 1., 2., 3.
	Fraud (16)	<input type="checkbox"/> A6013 Fraud (no contract) 1., 2., 3.
	Professional Negligence (25)	<input type="checkbox"/> A6017 Legal Malpractice 1., 2., 3. <input type="checkbox"/> A6050 Other Professional Malpractice (not medical or legal) 1., 2., 3.
	Other (35)	<input type="checkbox"/> A6025 Other Non-Personal Injury/Property Damage tort 2., 3.
Employment	Wrongful Termination (36)	<input checked="" type="checkbox"/> A6037 Wrongful Termination 1., 2., 3.
	Other Employment (15)	<input type="checkbox"/> A6024 Other Employment Complaint Case 1., 2., 3. <input type="checkbox"/> A6109 Labor Commissioner Appeals 10.
Contract	Breach of Contract/ Warranty (06) (not insurance)	<input type="checkbox"/> A6004 Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction) 2., 5. <input type="checkbox"/> A6008 Contract/Warranty Breach -Seller Plaintiff (no fraud/negligence) 2., 5. <input type="checkbox"/> A6019 Negligent Breach of Contract/Warranty (no fraud) 1., 2., 5. <input type="checkbox"/> A6028 Other Breach of Contract/Warranty (not fraud or negligence) 1., 2., 5.
	Collections (09)	<input type="checkbox"/> A6002 Collections Case-Seller Plaintiff 2., 5., 6. <input type="checkbox"/> A6012 Other Promissory Note/Collections Case 2., 5.
	Insurance Coverage (18)	<input type="checkbox"/> A6015 Insurance Coverage (not complex) 1., 2., 5., 8.
	Other Contract (37)	<input type="checkbox"/> A6009 Contractual Fraud 1., 2., 3., 5. <input type="checkbox"/> A6031 Tortious Interference 1., 2., 3., 5. <input type="checkbox"/> A6027 Other Contract Dispute(not breach/insurance/fraud/negligence) 1., 2., 3., 8.
Real Property	Eminent Domain/Inverse Condemnation (14)	<input type="checkbox"/> A7300 Eminent Domain/Condemnation Number of parcels _____ 2.
	Wrongful Eviction (33)	<input type="checkbox"/> A6023 Wrongful Eviction Case 2., 6.
	Other Real Property (26)	<input type="checkbox"/> A6018 Mortgage Foreclosure 2., 6. <input type="checkbox"/> A6032 Quiet Title 2., 6. <input type="checkbox"/> A6060 Other Real Property (not eminent domain, landlord/tenant, foreclosure) 2., 6.
Unlawful Detainer	Unlawful Detainer-Commercial (31)	<input type="checkbox"/> A6021 Unlawful Detainer-Commercial (not drugs or wrongful eviction) 2., 6.
	Unlawful Detainer-Residential (32)	<input type="checkbox"/> A6020 Unlawful Detainer-Residential (not drugs or wrongful eviction) 2., 6.
	Unlawful Detainer-Post-Foreclosure (34)	<input type="checkbox"/> A6020F Unlawful Detainer-Post-Foreclosure 2., 6.
	Unlawful Detainer-Drugs (38)	<input type="checkbox"/> A6022 Unlawful Detainer-Drugs 2., 6.



09/25/2013

Ace Attorney Service (213) 623-7527

3 of 4

SHORT TITLE: Ter Petrossian v. Macy's, et al.		CASE NUMBER	
	<b>Case Title</b>	<b>Applicable Reasons</b>	
	<b>(8)(b)(1)(A)</b>	<b>Section 17A(b)(3)</b>	
Judicial Review	Asset Forfeiture (05)	<input type="checkbox"/> A6108 Asset Forfeiture Case 2.. 6.	
	Petition re Arbitration (11)	<input type="checkbox"/> A6115 Petition to Compel/Confirm/Vacate Arbitration 2.. 5.	
	Writ of Mandate (02)	<input type="checkbox"/> A6151 Writ - Administrative Mandamus <input type="checkbox"/> A6152 Writ - Mandamus on Limited Court Case Matter <input type="checkbox"/> A6153 Writ - Other Limited Court Case Review 2.. 8. 2. 2.	
	Other Judicial Review (39)	<input type="checkbox"/> A6150 Other Writ /Judicial Review 2.. 8.	
Provisionally Complex Litigation	Antitrust/Trade Regulation (03)	<input type="checkbox"/> A6003 Antitrust/Trade Regulation 1.. 2.. 8.	
	Construction Defect (10)	<input type="checkbox"/> A6007 Construction Defect 1.. 2.. 3.	
	Claims Involving Mass Tort (40)	<input type="checkbox"/> A6006 Claims Involving Mass Tort 1.. 2.. 8.	
	Securities Litigation (28)	<input type="checkbox"/> A6035 Securities Litigation Case 1.. 2.. 8.	
	Toxic Tort Environmental (30)	<input type="checkbox"/> A6036 Toxic Tort/Environmental 1.. 2.. 3.. 8.	
	Insurance Coverage Claims from Complex Case (41)	<input type="checkbox"/> A6014 Insurance Coverage/Subrogation (complex case only) 1.. 2.. 5.. 8.	
Enforcement of Judgment	Enforcement of Judgment (20)	<input type="checkbox"/> A6141 Sister State Judgment <input type="checkbox"/> A6160 Abstract of Judgment <input type="checkbox"/> A6107 Confession of Judgment (non-domestic relations) <input type="checkbox"/> A6140 Administrative Agency Award (not unpaid taxes) <input type="checkbox"/> A6114 Petition/Certificate for Entry of Judgment on Unpaid Tax <input type="checkbox"/> A6112 Other Enforcement of Judgment Case 2.. 9. 2.. 6. 2.. 9. 2.. 8. 2.. 8. 2.. 8.. 9.	
	RICO (27)	<input type="checkbox"/> A6033 Racketeering (RICO) Case 1.. 2.. 8.	
	Other Complaints (Not Specified Above) (42)	<input type="checkbox"/> A6030 Declaratory Relief Only <input type="checkbox"/> A6040 Injunctive Relief Only (not domestic/harassment) <input type="checkbox"/> A6011 Other Commercial Complaint Case (non-tort/non-complex) <input type="checkbox"/> A6000 Other Civil Complaint (non-tort/non-complex) 1.. 2.. 8. 2.. 8. 1.. 2.. 8. 1.. 2.. 8.	
	Partnership Corporation Governance (21)	<input type="checkbox"/> A6113 Partnership and Corporate Governance Case 2.. 8.	
	Miscellaneous Civil Petitions	Other Petitions (Not Specified Above) (43)	<input type="checkbox"/> A6121 Civil Harassment <input type="checkbox"/> A6123 Workplace Harassment <input type="checkbox"/> A6124 Elder/Dependent Adult Abuse Case <input type="checkbox"/> A6190 Election Contest <input type="checkbox"/> A6110 Petition for Change of Name <input type="checkbox"/> A6170 Petition for Relief from Late Claim Law <input type="checkbox"/> A6100 Other Civil Petition 2.. 3.. 9. 2.. 3.. 9. 2.. 3.. 9. 2. 2.. 7. 2.. 3.. 4.. 8. 2.. 9.



09/25/2013

Ace Attorney Service (213) 623-7527

4 of 4

SHORT TITLE: Ter Petrossian v. Macy's, et al.	CASE NUMBER
---	-------------

Item III. Statement of Location: Enter the address of the accident, party's residence or place of business, performance, or other circumstance indicated in Item II., Step 3 on Page 1, as the proper reason for filing in the court location you selected.

REASON: Check the appropriate boxes for the numbers shown under Column C for the type of action that you have selected for this case. <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input checked="" type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10.		ADDRESS: 200 East Cypress Avenue
CITY: Burbank	STATE: CA	ZIP CODE: 91502

Item IV. Declaration of Assignment: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the above-entitled matter is properly filed for assignment to the Stanley Mosk courthouse in the Central District of the Superior Court of California, County of Los Angeles [Code Civ. Proc., § 392 et seq., and Local Rule 2.0, subds. (b), (c) and (d)].

Dated: September 25, 2013

(SIGNATURE OF ATTORNEY/FILING PARTY)  
 Nancy P. Doumanian

PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk.
3. Civil Case Cover Sheet, Judicial Council form CM-010.
4. Civil Case Cover Sheet Addendum and Statement of Location form, LACIV 109, LASC Approved 03-04 (Rev. 03/11).
5. Payment in full of the filing fee, unless fees have been waived.
6. A signed order appointing the Guardian ad Litem, Judicial Council form CIV-010, if the plaintiff or petitioner is a minor under 18 years of age will be required by Court in order to issue a summons.
7. Additional copies of documents to be conformed by the Clerk. Copies of the cover sheet and this addendum must be served along with the summons and complaint, or other initiating pleading in the case.

09/25/2013

Ace Attorney Service (213) 623-7527

**COPY**

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>NANCY P. DOUMANIAN, ESQ.</b> <b>DOUMANIAN &amp; ASSOCIATES</b> <b>2626 FOOTHILL BOULEVARD</b> <b>SUITE 250</b> <b>LA CRESCENTA, CALIFORNIA 91214</b> TELEPHONE NO.: (818) 248-4700 FAX NO.: (818) 248-4701 ATTORNEY FOR (Name): <b>Plaintiff, Shake Ter Petrossian</b>		<b>CONFORMED COPY</b> <b>ORIGINAL FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES  <b>SEP 26 2013</b>  <b>John A. Clarke, Executive Officer/Clerk</b> <b>By Amber Hayes, Deputy</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: <b>111 NORTH HILL STREET</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>LOS ANGELES, CALIFORNIA 90012</b> BRANCH NAME: <b>CENTRAL DISTRICT</b>		
CASE NAME: <b>Ter Petrossian v. Macy's, et al.</b>		
<b>CIVIL CASE COVER SHEET</b> <input checked="" type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less)		Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)
		CASE NUMBER: <b>BC522612</b> JUDGE: DEPT:

Items 1-6 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

<b>Auto Tort</b> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) <b>Other PUPD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b> <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PUPD/WD (23) <b>Non-PUPD/WD (Other) Tort</b> <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PUPD/WD tort (35) <b>Employment</b> <input checked="" type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<b>Contract</b> <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) <b>Real Property</b> <input type="checkbox"/> Eminent domain/inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) <b>Unlawful Detainer</b> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <b>Judicial Review</b> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<b>Provisionally Complex Civil Litigation</b> (Cal. Rules of Court, rules 3.400-3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) <b>Enforcement of Judgment</b> <input type="checkbox"/> Enforcement of judgment (20) <b>Miscellaneous Civil Complaint</b> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) <b>Miscellaneous Civil Petition</b> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43)
---	--	---

2. This case ☐ is ☒ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- |  |  |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties   | d. <input type="checkbox"/> Large number of witnesses  |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence   | f. <input type="checkbox"/> Substantial postjudgment judicial supervision  |
3. Remedies sought (check all that apply): a. ☒ monetary b. ☐ nonmonetary: declaratory or injunctive relief c. ☒ punitive

4. Number of causes of action (specify): **Six**5. This case ☐ is ☒ is not a class action suit.6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  
Date: **September 25, 2013****Nancy P. Doumanian**

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

**NOTICE**

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

**BY FAX**

CM-010

## INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

**To Plaintiffs and Others Filing First Papers.** If you are filing a first paper (for example, a complaint) in a civil case, you must complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check one box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the primary cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

**To Parties in Rule 3.740 Collections Cases.** A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than \$25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

**To Parties in Complex Cases.** In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

## CASE TYPES AND EXAMPLES

<b>Auto Tort</b>	<b>Contract</b>	<b>Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400-3.403)</b>
Auto (22)-Personal Injury/Property Damage/Wrongful Death	Breach of Contract/Warranty (06)	Antitrust/Trade Regulation (03)
Uninsured Motorist (46) (if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto)	Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction)	Construction Defect (10)
<b>Other P/DPD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b>	Contract/Warranty Breach-Seller Plaintiff (not fraud or negligence)	Claims Involving Mass Tort (40)
Asbestos (04)	Negligent Breach of Contract/Warranty	Securities Litigation (28)
Asbestos Property Damage	Other Breach of Contract/Warranty	Environmental/Toxic Tort (30)
Asbestos Personal Injury/Wrongful Death	Collections (e.g., money owed, open book accounts) (09)	Insurance Coverage Claims (arising from provisionally complex case type listed above) (41)
Product Liability (not asbestos or toxic/environmental) (24)	Collection Case-Seller Plaintiff	<b>Enforcement of Judgment</b>
Medical Malpractice (45)	Other Promissory Note/Collections Case	Enforcement of Judgment (20)
Medical Malpractice-Physicians & Surgeons	Insurance Coverage (not provisionally complex) (18)	Abstract of Judgment (Out of County)
Other Professional Health Care Malpractice	Auto Subrogation	Confession of Judgment (non-domestic relations)
<b>Other P/DPD/WD (23)</b>	Other Coverage	Sister State Judgment
Premises Liability (e.g., slip and fall)	<b>Other Contract (37)</b>	Administrative Agency Award (not unpaid taxes)
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)	Contractual Fraud	Petition/Certification of Entry of Judgment on Unpaid Taxes
Intentional Infliction of Emotional Distress	Other Contract Dispute	Other Enforcement of Judgment Case
Negligent Infliction of Emotional Distress	<b>Real Property</b>	<b>Miscellaneous Civil Complaint</b>
<b>Other P/DPD/WD</b>	Eminent Domain/Inverse Condemnation (14)	RICO (27)
<b>Non-P/DPD/WD (Other) Tort</b>	Wrongful Eviction (33)	Other Complaint (not specified above) (42)
Business Tort/Unfair Business Practice (07)	Other Real Property (e.g., quiet title) (26)	Declaratory Relief Only
Civil Rights (e.g., discrimination, false arrest) (not civil harassment) (08)	Writ of Possession of Real Property	Injunctive Relief Only (non-harassment)
Defamation (e.g., slander, libel) (13)	Mortgage Foreclosure	Mechanics Lien
Fraud (16)	Quiet Title	Other Commercial Complaint Case (non-tort/non-complex)
Intellectual Property (19)	Other Real Property (not eminent domain, landlord/tenant, or foreclosure)	Other Civil Complaint (non-tort/non-complex)
Professional Negligence (25)	<b>Unlawful Detainer</b>	<b>Miscellaneous Civil Petition</b>
Legal Malpractice	Commercial (31)	Partnership and Corporate Governance (21)
Other Professional Malpractice (not medical or legal)	Residential (32)	Other Petition (not specified above) (43)
<b>Other Non-P/DPD/WD Tort (35)</b>	Drugs (38) (if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential)	Civil Harassment
<b>Employment</b>	<b>Judicial Review</b>	Workplace Violence
Wrongful Termination (36)	Asset Forfeiture (05)	Elder/Dependent Adult Abuse
Other Employment (15)	Petition Re: Arbitration Award (11)	Election Contest
	Writ of Mandate (02)	Petition for Name Change
	Writ-Administrative Mandamus	Petition for Relief From Late Claim
	Writ-Mandamus on Limited Court Case Matter	Other Civil Petition
	Writ-Other Limited Court Case Review	
	Other Judicial Review (39)	
	Review of Health Officer Order	
	Notice of Appeal-Labor Commissioner Appeals	

09/25/2013

Ace Attorney Service (213) 623-7527

**COPY**

1 NANCY P. DOUMANIAN, ESQ., SBN: 168925  
 2 DOUMANIAN & ASSOCIATES  
 2626 Foothill Boulevard, Suite 250  
 La Crescenta, California 91214  
 3 Telephone: (818) 248-4700  
 4 Facsimile: (818) 248-4701

CONFORMED COPY  
 ORIGINAL FILED  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF LOS ANGELES

SEP 25 2013

Attorneys for Plaintiff, SHAKE TER PETROSSIAN

John A. Clarke, Executive Officer/Clerk  
 By Amber Hayes, Deputy

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
 9 FOR THE COUNTY OF LOS ANGELES - CENTRAL DISTRICT

**BC522612**

11 SHAKE TER PETROSSIAN,

CASE NO. BC

12 Plaintiff,

## COMPLAINT FOR DAMAGES

13 v.

14 MACY'S, MACY'S INC., REVA  
 15 SHERMAN-MATTHEWS, AND DOES 1  
 THROUGH 100 INCLUSIVE,

16 Defendants.

- (1) Unlawful Discrimination on the Basis of Physical Disability and Medical Condition in Violation of Fair Employment & Housing Act; [Government Code §12940 et seq.];
- (2) Disability Discrimination - Failure to Provide Reasonable Accommodation in Violation of Fair Employment & Housing Act [Government Code §12940(a)];
- (3) Disability Discrimination -- Failure to Engage in the Interactive Process in Violation of Fair Employment & Housing Act [Government Code §12940 et seq.];
- (4) Wrongful Termination/Retaliatory Discharge of Employment in Violation of Public Policy;
- (5) Intentional Infliction of Emotional Distress; and
- (6) Violation of California Family Rights Act

[DEMAND FOR JURY TRIAL]

**BY FAX**

26 COMES NOW Plaintiff *SHAKE TER PETROSSIAN* and for her causes of action  
 27 against Defendants *MACY'S, MACY'S INC., REVA SHERMAN-MATTHEWS, AND DOES 1*  
 28 *THROUGH 100 INCLUSIVE*, alleges as follows:



09/25/2013

Ace Attorney Service (213) 623-7527

**COPY**

SHORT TITLE: Ter Petrossian v. Macy's, et al.

CASE NUMBER

00522612

**CIVIL CASE COVER SHEET ADDENDUM AND  
STATEMENT OF LOCATION  
(CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)**

This form is required pursuant to Local Rule 2.0 in all new civil case filings in the Los Angeles Superior Court.

Item I. Check the types of hearing and fill in the estimated length of hearing expected for this case:

JURY TRIAL? ☒ YES CLASS ACTION? ☐ YES LIMITED CASE? ☐ YES TIME ESTIMATED FOR TRIAL 15 ☐ HOURS/ ☒ DAYS

Item II. Indicate the correct district and courthouse location (4 steps – If you checked "Limited Case", skip to Item III, Pg. 4):

**Step 1:** After first completing the Civil Case Cover Sheet form, find the main Civil Case Cover Sheet heading for your case in the left margin below, and, to the right in Column A, the Civil Case Cover Sheet case type you selected.

**Step 2:** Check one Superior Court type of action in Column B below which best describes the nature of this case.

**Step 3:** In Column C, circle the reason for the court location choice that applies to the type of action you have checked. For any exception to the court location, see Local Rule 2.0.

**Applicable Reasons for Choosing Courthouse Location (see Column C below)**

1. Class actions must be filed in the Stanley Mosk Courthouse, central district.
2. May be filed in central (other county, or no bodily injury/property damage).
3. Location where cause of action arose.
4. Location where bodily injury, death or damage occurred.
5. Location where performance required or defendant resides.
6. Location of property or permanently garaged vehicle.
7. Location where petitioner resides.
8. Location wherein defendant/respondent functions wholly.
9. Location where one or more of the parties reside.
10. Location of Labor Commissioner Office

**Step 4:** Fill in the information requested on page 4 in Item III; complete Item IV. Sign the declaration.

	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons (See Step 3 Above)
Auto Tort	Auto (22)	<input type="checkbox"/> A7100 Motor Vehicle - Personal Injury/Property Damage/Wrongful Death	1., 2., 4.
	Uninsured Motorist (48)	<input type="checkbox"/> A7110 Personal Injury/Property Damage/Wrongful Death - Uninsured Motorist	1., 2., 4.
Other Personal Injury/Property Damage/Wrongful Death Tort	Asbestos (04)	<input type="checkbox"/> A6070 Asbestos Property Damage <input type="checkbox"/> A7221 Asbestos - Personal Injury/Wrongful Death	2. 2.
	Product Liability (24)	<input type="checkbox"/> A7260 Product Liability (not asbestos or toxic/environmental)	1., 2., 3., 4., 8.
	Medical Malpractice (45)	<input type="checkbox"/> A7210 Medical Malpractice - Physicians & Surgeons <input type="checkbox"/> A7240 Other Professional Health Care Malpractice	1., 4. 1., 4.
	Other Personal Injury Property Damage Wrongful Death (23)	<input type="checkbox"/> A7250 Premises Liability (e.g., slip and fall)	1., 4.
		<input type="checkbox"/> A7230 Intentional Bodily Injury/Property Damage/Wrongful Death (e.g., assault, vandalism, etc.)	1., 4.
<input type="checkbox"/> A7270 Intentional Infliction of Emotional Distress		1., 3.	
<input type="checkbox"/> A7220 Other Personal Injury/Property Damage/Wrongful Death		1., 4.	

**BY FAX**



SHORT TITLE: Ter Petrossian v. Macy's, et al.

CASE NUMBER

	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons (See Step 3/Above)
Non-Personal Injury/Property Damage/ Wrongful Death Tort	Business Tort (07)	<input type="checkbox"/> A6029 Other Commercial/Business Tort (not fraud/breach of contract)	1., 3.
	Civil Rights (08)	<input type="checkbox"/> A6005 Civil Rights/Discrimination	1., 2., 3.
	Defamation (13)	<input type="checkbox"/> A6010 Defamation (slander/libel)	1., 2., 3.
	Fraud (16)	<input type="checkbox"/> A6013 Fraud (no contract)	1., 2., 3.
	Professional Negligence (25)	<input type="checkbox"/> A6017 Legal Malpractice <input type="checkbox"/> A6050 Other Professional Malpractice (not medical or legal)	1., 2., 3. 1., 2., 3.
	Other (35)	<input type="checkbox"/> A6025 Other Non-Personal Injury/Property Damage tort	2,3.
Employment	Wrongful Termination (36)	<input checked="" type="checkbox"/> A6037 Wrongful Termination	1, 2, 3.
	Other Employment (15)	<input type="checkbox"/> A6024 Other Employment Complaint Case <input type="checkbox"/> A6109 Labor Commissioner Appeals	1., 2., 3. 10.
Contract	Breach of Contract/ Warranty (06) (not insurance)	<input type="checkbox"/> A6004 Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction) <input type="checkbox"/> A6008 Contract/Warranty Breach -Seller Plaintiff (no fraud/negligence) <input type="checkbox"/> A6019 Negligent Breach of Contract/Warranty (no fraud) <input type="checkbox"/> A6028 Other Breach of Contract/Warranty (not fraud or negligence)	2., 5. 2., 5. 1., 2., 5. 1., 2., 5.
	Collections (09)	<input type="checkbox"/> A6002 Collections Case-Seller Plaintiff <input type="checkbox"/> A6012 Other Promissory Note/Collections Case	2., 5., 6. 2., 5.
	Insurance Coverage (18)	<input type="checkbox"/> A6015 Insurance Coverage (not complex)	1., 2., 5., 8.
	Other Contract (37)	<input type="checkbox"/> A6009 Contractual Fraud <input type="checkbox"/> A6031 Tortious Interference <input type="checkbox"/> A6027 Other Contract Dispute(not breach/insurance/fraud/negligence)	1., 2., 3., 5. 1., 2., 3., 5. 1., 2., 3., 8.
Real Property	Eminent Domain/Inverse Condemnation (14)	<input type="checkbox"/> A7300 Eminent Domain/Condemnation Number of parcels _____	2.
	Wrongful Eviction (33)	<input type="checkbox"/> A6023 Wrongful Eviction Case	2., 6.
	Other Real Property (26)	<input type="checkbox"/> A6018 Mortgage Foreclosure <input type="checkbox"/> A6032 Quiet Title <input type="checkbox"/> A6060 Other Real Property (not eminent domain, landlord/tenant, foreclosure)	2., 6. 2., 6. 2., 6.
Unlawful Detainer	Unlawful Detainer-Commercial (31)	<input type="checkbox"/> A6021 Unlawful Detainer-Commercial (not drugs or wrongful eviction)	2., 6.
	Unlawful Detainer-Residential (32)	<input type="checkbox"/> A6020 Unlawful Detainer-Residential (not drugs or wrongful eviction)	2., 6.
	Unlawful Detainer- Post-Foreclosure (34)	<input type="checkbox"/> A6020F Unlawful Detainer-Post-Foreclosure	2., 6.
	Unlawful Detainer-Drugs (38)	<input type="checkbox"/> A6022 Unlawful Detainer-Drugs	2., 6.

SHORT TITLE: Ter Petrossian v. Macy's, et al.	CASE NUMBER
---	-------------

	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Application Reasons (See Step 3 Above)
Judicial Review	Asset Forfeiture (05)	<input type="checkbox"/> A6108 Asset Forfeiture Case	2., 6.
	Petition re Arbitration (11)	<input type="checkbox"/> A6115 Petition to Compel/Confirm/Vacate Arbitration	2., 5.
	Writ of Mandate (02)	<input type="checkbox"/> A6151 Writ - Administrative Mandamus <input type="checkbox"/> A6152 Writ - Mandamus on Limited Court Case Matter <input type="checkbox"/> A6153 Writ - Other Limited Court Case Review	2., 8. 2. 2.
	Other Judicial Review (39)	<input type="checkbox"/> A6150 Other Writ /Judicial Review	2., 8.
Provisionally Complex Litigation	Antitrust/Trade Regulation (03)	<input type="checkbox"/> A6003 Antitrust/Trade Regulation	1., 2., 8.
	Construction Defect (10)	<input type="checkbox"/> A6007 Construction Defect	1., 2., 3.
	Claims Involving Mass Tort (40)	<input type="checkbox"/> A6006 Claims Involving Mass Tort	1., 2., 8.
	Securities Litigation (28)	<input type="checkbox"/> A6035 Securities Litigation Case	1., 2., 8.
	Toxic Tort Environmental (30)	<input type="checkbox"/> A6036 Toxic Tort/Environmental	1., 2., 3., 8.
Enforcement of Judgment	Insurance Coverage Claims from Complex Case (41)	<input type="checkbox"/> A6014 Insurance Coverage/Subrogation (complex case only)	1., 2., 5., 8.
	Enforcement of Judgment (20)	<input type="checkbox"/> A6141 Sister State Judgment <input type="checkbox"/> A6160 Abstract of Judgment <input type="checkbox"/> A6107 Confession of Judgment (non-domestic relations) <input type="checkbox"/> A6140 Administrative Agency Award (not unpaid taxes) <input type="checkbox"/> A6114 Petition/Certificate for Entry of Judgment on Unpaid Tax <input type="checkbox"/> A6112 Other Enforcement of Judgment Case	2., 9. 2., 6. 2., 9. 2., 8. 2., 8. 2., 8., 9.
Miscellaneous Civil Complaints	RICO (27)	<input type="checkbox"/> A6033 Racketeering (RICO) Case	1., 2., 8.
	Other Complaints (Not Specified Above) (42)	<input type="checkbox"/> A6030 Declaratory Relief Only <input type="checkbox"/> A6040 Injunctive Relief Only (not domestic/harassment) <input type="checkbox"/> A6011 Other Commercial Complaint Case (non-tort/non-complex) <input type="checkbox"/> A6000 Other Civil Complaint (non-tort/non-complex)	1., 2., 8. 2., 8. 1., 2., 8. 1., 2., 8.
	Partnership Corporation Governance (21)	<input type="checkbox"/> A6113 Partnership and Corporate Governance Case	2., 8.
Miscellaneous Civil Petitions	Other Petitions (Not Specified Above) (43)	<input type="checkbox"/> A6121 Civil Harassment <input type="checkbox"/> A6123 Workplace Harassment <input type="checkbox"/> A6124 Elder/Dependent Adult Abuse Case <input type="checkbox"/> A6190 Election Contest <input type="checkbox"/> A6110 Petition for Change of Name <input type="checkbox"/> A6170 Petition for Relief from Late Claim Law <input type="checkbox"/> A6100 Other Civil Petition	2., 3., 9. 2., 3., 9. 2., 3., 9. 2. 2., 7. 2., 3., 4., 8. 2., 9.

SHORT TITLE: Ter Petrossian v. Macy's, et al.	CASE NUMBER
---	-------------

**Item III. Statement of Location:** Enter the address of the accident, party's residence or place of business, performance, or other circumstance indicated in Item II., Step 3 on Page 1, as the proper reason for filing in the court location you selected.

<b>REASON:</b> Check the appropriate boxes for the numbers shown under Column C for the type of action that you have selected for this case. <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input checked="" type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10.			<b>ADDRESS:</b> 200 East Cypress Avenue
<b>CITY:</b> Burbank	<b>STATE:</b> CA	<b>ZIP CODE:</b> 91502	

**Item IV. Declaration of Assignment:** I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the above-entitled matter is properly filed for assignment to the Stanley Mosk courthouse in the Central District of the Superior Court of California, County of Los Angeles [Code Civ. Proc., § 392 et seq., and Local Rule 2.0, subds. (b), (c) and (d)].

Dated: September 25, 2013

(SIGNATURE OF ATTORNEY/FILING PARTY)

Nancy P. Doumanian

**PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:**

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk.
3. Civil Case Cover Sheet, Judicial Council form CM-010.
4. Civil Case Cover Sheet Addendum and Statement of Location form, LACIV 109, LASC Approved 03-04 (Rev. 03/11).
5. Payment in full of the filing fee, unless fees have been waived.
6. A signed order appointing the Guardian ad Litem, Judicial Council form CIV-010, if the plaintiff or petitioner is a minor under 18 years of age will be required by Court in order to issue a summons.
7. Additional copies of documents to be conformed by the Clerk. Copies of the cover sheet and this addendum must be served along with the summons and complaint, or other initiating pleading in the case.

# **EXHIBIT B**



MACY'S, INC.  
Law Department  
611 Olive Street, 10<sup>th</sup> Floor  
St. Louis, Missouri 63101  
Telephone: (314) 342-6375  
Telecopier: (314) 342-6066 -or- (314) 342-6384

---

This facsimile is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service. Thank You.

---

**PLEASE DELIVER TO:**

**NAME:** Nancy P. Doumanian

**FIRM:** Doumanian & Associates

**CITY:** La Crescenta, CA

**TELEPHONE:** TELECOPIER: 818-248-4701

**FROM:**

**NAME:** Cynthia T. Brady

**DIRECT TELEPHONE:** (314) 342-6375

**DIRECT FAX:** (314) 342-6066

**E-MAIL ADDRESS:** Cynthia.Brady@macys.com

**TOTAL NUMBER OF PAGES INCLUDING COVER LETTER:** 4

**DATE:** October 24, 2013 **TIME:** 1:05PM

**IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL:**

Nickol D. Washington at (314) 342-6358

---

**MESSAGE:**



MACY'S LEGAL DEPARTMENT  
CYNTHIA TSAI BRADY (SBN 265151)  
611 Olive St., 10th Fl.  
St. Louis, MO 63104  
Telephone: (314) 342-6375  
Facsimile: (314) 342-6066  
Email: cynthia.brady@macys.com

Attorneys for Defendant  
MACY'S INC.

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES – CENTRAL DISTRICT

SHAKE TER PETROSSIAN,

Plaintiff,

v.

MACY'S, MACY'S, INC., REVA  
SHERMAN-MATTHEWS, AND DOES 1  
THROUGH 100 INCLUSIVE,

Defendants.

Case No. BC522612

ASSIGNED FOR ALL PURPOSES TO  
HON. SUSAN BRYANT-DEASON, DEPT. 52

Complaint Filed: September 26, 2013

**DEFENDANT MACY'S, INC.'S REQUEST  
FOR A STATEMENT OF DAMAGES**

Pursuant to California Code of Civil Procedure 425.11, Defendant Macy's, Inc. ("Defendant"), by and through its attorneys, requests that Plaintiff Shake Ter Petrossian provide Defendant with a statement of damages setting forth the nature and amount of damages sought herein, including, but not limited to, any claim for past or future wages, earnings, bonuses, benefits, or other economic damages, mental and emotional distress damages, and/or punitive damages. Said response shall be served within fifteen (15) days of service of this request.

///

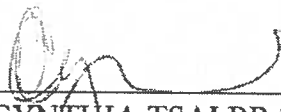
///

///

///

///

1 Dated October 24, 2013

2  
3  
4   
5 CYNTHIA TSAI BRADY  
6 MACY'S LAW DEPARTMENT  
7 Attorneys for Defendant  
8 MACY'S, INC.  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**PROOF OF SERVICE**

I am employed in the City of Saint Louis, State of Missouri. I am over the age of 18 and not a party to the within action. My business address is 611 Olive Street, 10th Floor, St. Louis, MO 63101.

On October 24, 2013, I served on interested parties in said action the within:

**DEFENDANT MACY'S, INC.'S REQUEST FOR A STATEMENT OF DAMAGES**

☐ By placing a true and correct copy thereof enclosed in a sealed envelope with postage thereon fully prepaid for deposit in the United States Post Office mailbox, at my business address shown above, following ordinary business practices. I am readily familiar with this office's practice of collection and processing correspondence for mailing. Under that practice, sealed envelopes are deposited with the U.S. Postal Service that same day in the ordinary course of business with postage thereon fully prepaid at Saint Louis, Missouri.

☐ By depositing a true and correct copy thereof enclosed in a sealed envelope with delivery fees thereon fully prepaid in a box or other facility regularly maintained by Overnight Express or delivering to an authorized courier or driver authorized by Overnight Express to receive documents, addressed as set forth below.

☒ By transmitting a true and correct copy by facsimile from facsimile number (314) 342-6066 to the person(s) at the facsimile number(s) set forth below, which transmission was confirmed as complete and without error.

☐ By causing the same to be personally delivered to the individual and at the address as set forth below.

Nancy P. Doumanian  
Doumanian & Associates  
2626 Foothill Blvd., Suite 250  
La Crescenta, California 91214  
Fax: (818) 248-4701

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on October 24, 2013 at St. Louis, Missouri.

  
CYNTHIA TSAI BRADY

# EXHIBIT C

**- DO NOT FILE WITH THE COURT -**

CIV-050

**- UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): NANCY P. DOUMANIAN, ESQ. DOUMANIAN & ASSOCIATES 2626 FOOTHILL BOULEVARD SUITE 250 LA CRESCENTA, CALIFORNIA 91214		TELEPHONE NO.: (818) 248-4700	FOR COURT USE ONLY
ATTORNEY FOR (name): Plaintiff, Shake Ter Petrossian			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 NORTH HILL STREET MAILING ADDRESS: Same CITY AND ZIP CODE: LOS ANGELES, CALIFORNIA 90012 BRANCH NAME: CENTRAL DISTRICT			
PLAINTIFF: SHAKE TER PETROSSIAN DEFENDANT: MACY'S, et al.			
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)		CASE NUMBER: BC522612	

To (name of one defendant only): Macy's, Macy's, Inc., Reva Sherman-Matthews, et al  
 Plaintiff (name of one plaintiff only): Shake Ter Petrossian  
 seeks damages in the above-entitled action, as follows:

- |  | AMOUNT        |
|--|---------------|
| 1. General damages   |               |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....  | \$ 350,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress .....  | \$ 250,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....   | \$ 0.00       |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....  | \$ 0.00       |
| e. <input type="checkbox"/> Other (specify) .....  | \$ 0.00       |
| f. <input type="checkbox"/> Other (specify) .....  | \$ 0.00       |
| g. <input type="checkbox"/> Continued on Attachment 1.g.   |               |
| 2. Special damages   |               |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....  | \$ 100,000.00 |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....   | \$ 100,000.00 |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) .....  | \$ 50,000.00  |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....   | \$ 500,000.00 |
| e. <input type="checkbox"/> Property damage .....  | \$ 0.00       |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....   | \$ 0.00       |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....   | \$ 0.00       |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                               | \$ 0.00       |
| i. <input type="checkbox"/> Other (specify) .....  | \$ 0.00       |
| j. <input type="checkbox"/> Other (specify) .....  | \$ 0.00       |
| k. <input type="checkbox"/> Continued on Attachment 2.k.   |               |
| 3. <input checked="" type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify). . | \$ 250,000.00 |
| when pursuing a judgment in the suit filed against you.  |               |
| Date: November 7, 2013   |               |

NANCY P. DOUMANIAN, ESQ.  
 (TYPE OR PRINT NAME)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

STATEMENT OF DAMAGES  
 (Personal Injury or Wrongful Death)

Legal  
 Solutions  
 Co. Plus

Code of Civil Procedure, §§ 425.11, 425.115

Page 1 of 2



**PROOF OF SERVICE**

**STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

I am employed in the County of Los Angeles, State of California. I am over the age of eighteen and not a party to the within entitled action. My business address is 2626 Foothill Boulevard, Suite 250, La Crescenta, California 91214.

On November 7, 2013, I served the foregoing document(s) described as **STATEMENT OF DAMAGES** on the interested parties in this action by placing an ☐ original or ☒ true copies thereof in a sealed envelope and addressed as follows:

Cynthia Tsai Brady, Esq.  
Macy's Legal Department  
611 Olive Street, 10<sup>th</sup> Floor  
St. Louis, MO 63104  
Tel: (314) 342-6375  
Fax: (314) 342-6066  
Email: cynthia.brady@macys.com

Attorneys for Defendant,  
MACY'S INC.

☒ **(BY MAIL)** I caused such envelope to be deposited in the mail at La Crescenta, California. The envelope was mailed with postage thereon fully paid. As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence from mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at La Crescenta, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in affidavit.

☐ **(BY OVERNIGHT DELIVERY)** I caused such envelope to be delivered via overnight delivery to the addressee listed above.

☐ **(BY PERSONAL SERVICE)** I caused such envelope to be delivered via Ace Attorney Service, Inc. to the addressee listed above.

☐ **(BY FACSIMILE TRANSMISSION)** I caused a true and complete copy of the document described above to be transmitted via facsimile transmission to the telephone number(s) set forth opposite the name(s) of the person(s) set forth above.

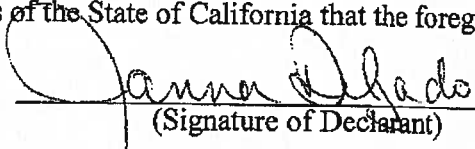
☐ **(BY ELECTRONIC TRANSMISSION)** I caused such document to be delivered via electronic transmission to the addressee listed above.

☒ **(STATE)** I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

I served the documents by the means described above on **November 7, 2013**.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Janna Delgado  
(Type or Print Name)

  
(Signature of Declarant)

# **EXHIBIT D**

CRISTINA D. HERNANDEZ, Bar No. 283500  
GONZALEZ SAGGIO & HARLAN LLP  
2 North Lake Avenue, Suite 930  
Pasadena, California 91101  
Tel: (626) 440-0022  
Fax: (626) 628-1725  
Email: Cristina\_Hernandez@gshllp.com

CYNTHIA TSAI BRADY, Bar No. 265151  
MACY'S LAW DEPARTMENT  
611 Olive Street, 10<sup>th</sup> Floor  
St. Louis, MO 63101  
Tel: (314) 342-6375  
Fax: (314) 342-6066

Attorneys for Defendant  
MACY'S, INC.

CONFORMED COPY  
ORIGINAL FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES

NOV 13 2013

John A. Clark, Executive Officer/Clerk  
BY Cristina Hernandez Deputy  
Cristina Hernandez

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES – CENTRAL DISTRICT

SHAKE TER PETROSSIAN,

Plaintiff,

v.

MACY'S, MACY'S, INC., REVA  
SHERMAN-MATTHEWS, AND DOES 1  
THROUGH 100 INCLUSIVE,

Defendants.

Case No. BC513772

**DEFENDANT'S ANSWER AND  
DEFENSES TO PLAINTIFF'S  
COMPLAINT FOR DAMAGES**

Complaint Filed: September 26, 2013  
Trial Date: To be determined

In answer to Plaintiff SHAKE TER PETROSSIAN's ("Plaintiff") Complaint ("Complaint"), Defendant MACY'S, INC. (hereinafter "Defendant"), subject to and without waiving its right to compel arbitration, admits, denies, and alleges as follows:

**GENERAL DENIAL**

Pursuant to California Code of Civil Procedure § 431.30, Defendant generally denies each and every allegation of Plaintiff's Complaint, further denies that Plaintiff has been damaged in any way whatsoever, and further specifically denies that Plaintiff sustained injury, damage, or loss by reason of any conduct, action, error, or omission on the part of Defendant or any agent, employee, or other person acting under Defendant's authority or control. Defendant further denies that Plaintiff is entitled to any legal or equitable relief in any amount or manner whatsoever from Defendant. This

1 general denial to the Complaint is filed without prejudice to Defendant's right to file amended  
2 answers, including additional defenses, and is filed without prejudice to or waiver of Defendant's  
3 right to compel arbitration of Plaintiff's claims.

4 **DEFENSES**

5 For further answer and separate defenses to Plaintiff's Complaint, and each and every  
6 purported cause of action therein, Defendant alleges as follows:

7 **FIRST DEFENSE**

8 **(Entire Action Subject to Binding Arbitration)**

9 Plaintiff's Complaint and claims therein, and this entire action, are subject to binding  
10 arbitration pursuant to Plaintiff's agreement to arbitrate all disputes arising from or related to her  
11 employment with Defendant; as such this Court lacks jurisdiction to hear Plaintiff's claims.

12 **SECOND DEFENSE**

13 **(Failure to State a Claim)**

14 Plaintiff's Complaint fails to allege facts sufficient to constitute claims for relief against  
15 Defendant.

16 **THIRD DEFENSE**

17 **(Failure to Exhaust Administrative Remedies)**

18 Plaintiff's Complaint, claims, and damages are barred in whole or in part because Plaintiff  
19 failed to exhaust the required administrative remedies.

20 **FOURTH DEFENSE**

21 **(Failure to Mitigate/Doctrine of Avoidable Consequences)**

22 Plaintiff's Complaint, claims, and damages are barred in whole or in part pursuant to the  
23 doctrine of avoidable consequences and/or because Plaintiff failed to mitigate, minimize, or  
24 otherwise avoid losses, damages, costs, or expenses.

25 **FIFTH DEFENSE**

26 **(Waiver)**

27 Plaintiff's Complaint, claims, and damages are barred in whole or in part by the doctrine of  
28 waiver.

1 **SIXTH DEFENSE**

2 **(Estoppel)**

3 Plaintiff's Complaint, claims, and damages are barred in whole or in part by estoppel.

4 **SEVENTH DEFENSE**

5 **(At-Will Employment)**

6 Plaintiff was an at-will employee under California law, and therefore her employment could  
7 be terminated, and her compensation and job responsibilities modified, at-will.

8 **EIGHTH DEFENSE**

9 **(Performance of Duties and Obligations)**

10 Defendant alleges, without admitting to the existence of any duties or obligations as alleged  
11 in the Complaint, that any duty or obligation, contractual or otherwise, which Plaintiff claims is  
12 owed by Defendant, has been fully performed, satisfied, or discharged.

13 **NINTH DEFENSE**

14 **(Plaintiff's Own Conduct and/or Fault of Others)**

15 Plaintiff's Complaint, claims, and damages are barred in whole or in part because if Plaintiff  
16 sustained any damage, injury, and/or detriment as alleged in the Complaint, such injury was caused  
17 by her own conduct and/or the fault of others for whose conduct Defendant is not liable.

18 **TENTH DEFENSE**

19 **(Unclean Hands)**

20 Plaintiff's Complaint, claims, and damages are barred in whole or in part by the doctrine of  
21 unclean hands.

22 **ELEVENTH DEFENSE**

23 **(Failure to Take Advantage of Safeguards)**

24 Defendant had, at all relevant times, an anti-discrimination policy and complaint procedure in  
25 place and Plaintiff failed to avail herself of the internal procedures for complaints of discrimination.  
26 Plaintiff's damages, if any, are reduced to the extent Plaintiff failed to take advantage of her  
27 employer's safeguards to avoid and eliminate alleged discrimination, which failure to act by Plaintiff  
28 caused or contributed to the claimed damages, if any.



**TWELFTH DEFENSE**

**(Failure to State a Claim; No Punitive Damages)**

Plaintiff's Complaint fails to state facts sufficient to constitute a claim for punitive damages against Defendant. Furthermore, Defendant did not commit oppressive, intentional, or malicious acts with respect to Plaintiff, did not engage in despicable conduct with respect to Plaintiff, did not authorize or ratify any such acts, and did not have advance knowledge of the unfitness of any employee and employ that employee with a conscious disregard of the rights and safety of others.

**THIRTEENTH DEFENSE**

**(Actions Justified)**

Any conduct attributed to Defendant was justified, made in good faith, for legitimate, non-discriminatory and non-retaliatory business reasons, was protected by the managerial privilege, and/or was otherwise privileged.

**FOURTEENTH DEFENSE**

**(Actions In Conformity with Laws; Same Decision)**

At all times relevant, Defendant acted in good faith and did not violate any rights Plaintiff may have under federal, state, or local laws, rules, regulations, or guidelines. However, even assuming *arguendo* a discriminatory motive could be attributed to any adverse employment action (which Defendant denies), Defendant would have made the same decision absent any improper motive, thereby barring and/or limiting Plaintiff's damages.

**FIFTEENTH DEFENSE**

**(After-Acquired Evidence)**

To the extent Defendant obtains after-acquired evidence of wrongdoing by Plaintiff through discovery or otherwise, the Complaint and claims therein are barred by the doctrine of after-acquired evidence, or the doctrine of after-acquired evidence limits and reduces Plaintiff's alleged damages.

///

///

///

///

1 **SIXTEENTH DEFENSE**

2 **(No Causation)**

3 The Complaint and claims therein cannot be maintained against Defendant because Plaintiff  
4 has failed to allege the requisite causal connection between any alleged protected activities and any  
5 alleged adverse employment action.

6 **SEVENTEENTH DEFENSE**

7 **(Punitive Damages Would Violate Defendant's Constitutional Rights)**

8 Plaintiff is not entitled to recover any punitive damages because any award in this action  
9 would violate Defendant's rights to due process and/or equal protection under the United States  
10 and/or California Constitutions.

11 **EIGHTEENTH DEFENSE**

12 **(Justification)**

13 Plaintiff's Complaint, claims, and damages are barred in whole or in part by the doctrine of  
14 justification.

15 **NINETEENTH DEFENSE**

16 **(Undue Hardship)**

17 Plaintiff's Complaint, claims, and damages are barred in whole or in part because any alleged  
18 accommodation which Plaintiff claims should have been offered was above and beyond what  
19 Defendant was reasonably able to provide and would have caused Defendant undue hardship.

20 **TWENTIETH DEFENSE**

21 **(Adverse Action Based on Factors Other than Disability)**

22 The Complaint and each cause of action set forth therein cannot be maintained against  
23 Defendant because any adverse employment action suffered by Plaintiff was based upon reasonable  
24 factors other than her alleged disability.

25 **TWENTY-FIRST DEFENSE**

26 **(Offset)**

27 The Complaint and each cause of action set forth therein cannot be maintained against  
28 Defendant because any recovery to which Plaintiff might otherwise allegedly be entitled must be

1 offset by any disability or unemployment benefits and/or other monies and/or benefits Plaintiff has  
2 received or will receive.

3 **TWENTY-SECOND DEFENSE**

4 **(Statute of Limitations)**

5 The Complaint and each cause of action set forth therein are barred, in whole or in part, by  
6 the applicable statute(s) of limitations.

7 **TWENTY-THIRD DEFENSE**

8 **(Workers' Compensation Exclusivity)**

9 The Complaint and each cause of action set forth therein seeking damages for emotional  
10 and/or physical injury are preempted and barred by the exclusive remedy provisions of the California  
11 Workers' Compensation Act, California Labor Code § 3600, *et seq.*, and California Labor Code §  
12 132a, in that: (1) the injuries complained of occurred when both Plaintiff and Defendant were subject  
13 to California Labor Code §§ 3600-3601; (2) at the time of the alleged injuries, Plaintiff was  
14 performing services incidental to her employment and was acting within the course and scope of her  
15 employment; and (3) Plaintiff alleges the injuries were caused by her employment, and accordingly,  
16 this Court lacks subject matter jurisdiction over said claims.

17 **TWENTY-FOURTH DEFENSE**

18 **(Plaintiff Is Not a Qualified Individual with a Disability)**

19 Plaintiff's Complaint, claims, and damages are barred in whole or in part because Plaintiff  
20 was not a qualified individual with a disability during the time periods that she alleges Defendant  
21 violated the Fair Employment and Housing Act.

22 **TWENTY-FIFTH DEFENSE**

23 **(Improper Parties)**

24 Plaintiff's Complaint, claims, and damages are barred in whole or in part because Plaintiff  
25 has sued one or more improper parties.

26 ///

27 ///

28 ///

2        Because Plaintiff's Complaint is couched in conclusory terms and discovery has not yet  
3        begun, Defendant cannot fully anticipate all defenses that may be applicable to this action.  
4        Accordingly, Defendant's right to assert additional defenses, if and to the extent that such defenses  
5        are applicable, is hereby reserved.

7 WHEREFORE, having generally denied Plaintiff's Complaint and having alleged defenses,  
8 Defendant prays:

- 14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Bridine J. Hem

**CRISTINA D. HERNANDEZ**  
Attorneys for Defendant MACY'S, INC.

**PROOF OF SERVICE**

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action. I am employed in the office of a member of the bar of this court at whose direction this service was made. My business address is 2 North Lake Avenue, Suite 930, Pasadena, California 91101.

On November 13, 2013, I served the following documents on all interested parties in this action as follows: **DEFENDANT'S ANSWER AND DEFENSES TO PLAINTIFF'S COMPLAINT FOR DAMAGES**

Nancy P. Doumanian, Esq.  
DOUMANIAN & ASSOCIATES  
2626 Foothill Blvd., Suite 250  
La Crscenta, CA 91214  
Telephone: (818) 248-4700  
Facsimile: (818) 248-4701

/ X / (BY MAIL) I am readily familiar with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. Postal Service on that same day with postage thereon fully prepaid at Pasadena, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if the postal cancellation date or postage meter date is more than one day after date of deposit for mailing affidavit.

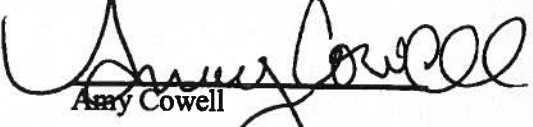
/ / (BY PERSONAL SERVICE) I caused to be delivered by an authorized courier or driver of NATIONWIDE the documents listed above to be received and delivered on the same date by the person(s) listed below.

/ / (BY OVERNITE EXPRESS) I am readily familiar with the firm's practice for collection and processing correspondence by overnight delivery. Under that practice it would be deposited in a box or other facility regularly maintained by Overnite Express for overnight delivery.

/ X / (BY FACSIMILE) This document was transmitted by using a facsimile machine that complies with the California Rules of Court rule 2.301, telephone number (626) 628-1725. The transmission was reported as complete and without error. A copy of the transmission report, properly issued by the transmitting machine, is on file at the firm. The names and facsimile numbers of the person(s) served are as set forth below.

/ / (BY EMAIL) By agreement of the parties, I sent a true copy thereof to the last known email address to the identified addresses below.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the above is true and correct. Executed on November 13, 2013, at Pasadena, California.

  
Amy Cowell



# **EXHIBIT E**

1 CRISTINA D. HERNANDEZ, Bar No. 283500  
2 GONZALEZ SAGGIO & HARLAN LLP  
3 3699 Wilshire Boulevard  
4 Los Angeles, California 90010  
5 Tel: (213) 487-1400  
6 Fax: (213) 487-1402  
7 Email: Cristina\_Hernandez@gshllp.com

8 CYNTHIA TSAI BRADY, Bar No. 265151  
9 MACY'S LAW DEPARTMENT  
10 611 Olive Street, 10<sup>th</sup> Floor  
11 St. Louis, MO 63101  
12 Tel: (314) 342-6375  
13 Fax: (314) 342-6066  
14 Email: Cynthia.Brady@macys.com

15 Attorneys for Defendant  
16 MACY'S, INC.

17 UNITED STATES DISTRICT COURT  
18 CENTRAL DISTRICT OF CALIFORNIA

19 SHAKE TER PETROSSIAN,

20 Plaintiff,

21 v.

22 MACY'S, MACY'S, INC., REVA  
23 SHERMAN-MATTHEWS, AND DOES 1  
24 THROUGH 100 INCLUSIVE,

25 Defendants.

Case No.

**DECLARATION OF JULIE AVINS IN  
SUPPORT OF DEFENDANT MACY'S,  
INC.'S REMOVAL OF ACTION UNDER 28  
U.S.C. §§ 1332, 1441, 1446**

[Notice of Removal filed concurrently  
herewith.]

26 I, Julie Avins, hereby declare the following:

27 1. I submit this declaration in support of Defendants' Removal of Action under 28  
28 U.S.C. §§ 1332, 1441, 1446. I have personal knowledge of the facts set forth herein, which are  
known by me to be true and correct, and, if called as a witness, I could and would competently  
testify thereto.

29 2. I am employed by Macy's Corporate Services, Inc. as Vice President of Associate  
30 Relations. In this role, I am responsible in part for employment and personnel matters involving  
associates employed in California by Macy's subsidiaries, including Macy's West Stores, Inc.  
("MWSI"). In my capacity, I have access to personnel records and information of current and former

1.

DECLARATION OF JULIE AVINS IN SUPPORT OF DEFENDANT MACY'S, INC.'S REMOVAL OF ACTION  
UNDER 28 U.S.C. §§ 1332, 1441, 1446

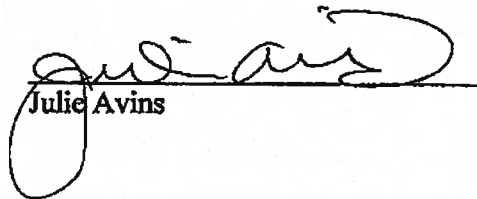
1 MWSI employees, including personnel records and information pertaining to Plaintiff Shake Ter  
2 Petrossian.

3 3. Throughout her employment with MWSI from 2006 until 2012, Plaintiff Shake Ter  
4 Petrossian's physical work location was the MWSI Burbank Town Center store, located at 200 East  
5 Cypress Ave., Burbank, California, 91502-1149.

6 4. Attached hereto are 17 pages of business records pertaining to Plaintiff Shake Ter  
7 Petrossian. These records are kept by MWSI in the ordinary course of business, and the attached  
8 records are true and correct copies of the originals. However, please note certain of the attached  
9 records have been redacted to remove confidential personal information in accordance with the  
10 Court's document redaction requirements.

11 I declare under penalty of perjury under the laws of the State of California and the laws of the  
12 United States of America that the foregoing is true and correct.

13 Executed this 5 day of December, 2013, at Torrance, California.

14  
15  
16   
17 Julie Avins  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

PRINTED FROM IDS CONFIDENTIAL PERSONNEL

**macys** LAST 4 DIGITS OF SOCIAL SECURITY NUMBER **REDACTED** **EMPLOYMENT APPLICATION**  
 174117 9/2003 **MACY'S IS AN EQUAL OPPORTUNITY EMPLOYER.**

NAME (Last) **PETROSSIAN** (First) **CHAKE** (Middle) **-** Code 045

STREET ADDRESS **REDACTED** APARTMENT NO. **REDACTED** ☒ PERMANENT ☐ TEMPORARY ☐ MAILING ADDRESS  
 CITY **San Valley** STATE **CA.** ZIP CODE **91352** ☐ YES ☒ NO

BUSINESS OR TEMPORARY PHONE **(818) REDACTED** HOME PHONE NUMBER **(818) REDACTED** POSITION DESIRED (Check only one) ☐ OFFICE ☐ STOCK ☐ OTHER (SPECIFY) ☒ SALES CURRENTLY EMPLOYED ☐ FULL TIME ☐ PART TIME ☒ NOT EMPLOYED

PREVIOUS RESIDENCE **REDACTED** MINIMUM SALARY DESIRED **12** SCHEDULE PREFERRED ☐ FULL TIME (5 or more hours daily) ☐ PART TIME (3 - 5 hours - days) ☐ PART TIME (irregular and weekends)

APART FROM ABSENCES FOR RELIGIOUS OBSERVANCES, LIST ALL TIMES YOU ARE AVAILABLE TO WORK (MOST JOBS REQUIRE WEEKEND AVAILABILITY)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM 9am TO 6pm	FROM 9am TO 6pm	FROM 9am TO 6pm	FROM 9am TO 6pm	FROM 9am TO 6pm	FROM 9am TO 6pm	FROM 9am TO 6pm

RELATIVE TO EMPLOYER ☒ YES ☐ NO **REDACTED** **REDACTED** HAVE YOU EVER BEEN EMPLOYED BY MACY'S OR ANY SUBSIDIARY OF R.H. MACY & CO., INC., OR ANY STORES, INC. OR RETAILERS? ☐ YES ☒ NO

NOTE: FAMILY OR MARITAL RELATIONSHIP MAY BE CONSIDERED IN DETERMINING WORK ASSIGNMENTS UNDER CERTAIN CIRCUMSTANCES.

Have you ever been convicted of a crime (misdemeanors or felonies) by a civilian or military court? Do not include (a) minor traffic violations, (b) marijuana-related convictions dated more than two years ago, (c) convictions judicially ordered sealed, expunged or statutorily eradicated, or (d) misdemeanor convictions judicially dismissed pursuant to California Penal Code Section 1203.4

☐ YES ☒ NO Conviction of a crime will not automatically prohibit employment.

WHERE WERE YOU REFERRED TO MACY'S? ☒ EMPLOYEE ☐ RADIO AD ☐ NEWSPAPER AD ☐ IN STORE SIGN ☐ MACYSJOBS.COM ☐ OTHER (SPECIFY) **Barbante or Glendale**

**EDUCATION**

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	DATE FROM MO YR	DATE TO MO YR	CIRCLE LAST YEAR COMPLETED	LIST DEGREE/DEGREE
HIGH SCHOOL	<b>No 43 Koreatown, Arroyo</b>	<b>General</b>	<b>1965</b>	<b>1975</b>	1 2 3 <b>4</b>	<b>General</b>
COLLEGE	<b>Los Angeles City College</b>	<b>ESL</b>	<b>2002</b>	<b>2004</b>	1 <b>2</b> 3 4	<b>ESL</b>
OTHER (SPECIFY)	<b>Northridge College</b>	<b>Teacher Assistant</b>	<b>2004</b>	<b>2005</b>	<b>2</b> 1 3 4	<b>Teacher Assistant</b>

**PREVIOUS EMPLOYMENT** LIST IN ORDER OF EMPLOYMENT STARTING WITH YOUR FIRST EMPLOYMENT. PLEASE ACCOUNT FOR ALL TIME, INCLUDING CURRENT EMPLOYMENT, MILITARY SERVICE, PART TIME JOBS, AND PERIODS OF UNEMPLOYMENT IF YOU HELD TWO JOBS AT THE SAME TIME. BE SURE TO LIST BOTH JOBS. YOU MAY INCLUDE UNPAID WORK EXPERIENCE.

DATE FROM MO YR	DATE TO MO YR	NAME OF BUSINESS	ADDRESS/PHONE OF BUSINESS	JOB TITLE OR NATURE OF JOB	SALARY START/END	REASON FOR LEAVING
<b>06</b>	<b>06</b>	<b>PAID Service</b>	<b>Glendale CA (818) 547-4700</b>	<b>Receptionist</b>	<b>1600 North Business</b>	<b>close Down.</b>
<b>05</b>	<b>06</b>	<b>North Center</b>	<b>Hollywood CA (323) 662-2600</b>	<b>Receptionist</b>	<b>1600 North Business</b>	<b>close Down.</b>
<b>03</b>	<b>05</b>	<b>Private Care</b>	<b>Glendale CA / Patients House Provider</b>	<b>Patina</b>	<b>500 North Patient</b>	<b>past away.</b>

**IMPORTANT: PLEASE REVIEW AND SIGN**

The facts I've put in this application are true and correct. I understand and agree that, if employed, any false or misleading statements, omissions or failure to fully answer any question will result in my immediate dismissal, regardless of when such information is discovered. I may be bonded if employed. Information received by Macy's from another company or person about my experiences with that company or person may be shared at any time by Macy's with its affiliates. In addition, Macy's may share with its affiliates other types of information, including information from consumer reporting agencies, and if I do not want Macy's to share this other information, I need to send Macy's a written direction not to communicate this information at Macy's West, Inc. Employee Relations Department, Director of Employee Standards, P.O. Box 7588 San Francisco, CA 94120.

**Solutions inSTORE:** I understand that if I am hired, I will be given thirty (30) days from my date of hire to decide if I want to participate in the final step of the company's early dispute resolution program, Solutions inSTORE, which is final and binding arbitration. I understand that it is important that I read all materials and ask any questions I have so that I am fully informed about what Solutions inSTORE has to offer.

I understand and agree that: Nothing in any Macy's West, Inc. (Macy's) handbook, manual, rules, regulations, practice, policy, or procedure shall be deemed to create an employment contract between me and Macy's. Macy's maintains a strict policy of at-will employment with respect to both the duration and the terms and conditions of the employment relationship. Macy's may change the terms and conditions of the employment relationship or terminate that relationship at will, with or without cause or notice, and without liability. I agree and represent that in accepting employment, if it is offered to me, I am not relying upon any promises or representations not contained herein about the nature or duration of my employment. I understand and agree that no employee, supervisor, manager, or other representative of Macy's has any authority to enter into any express or implied agreement contrary to the foregoing, and that no promise, representation, inducement, or agreement contrary to the foregoing is binding upon Macy's unless it is in writing, expressly states that it is a contract of employment and is signed by me and by the Chair of Macy's West, Inc.

I CERTIFY THAT I HAVE REVIEWED THE ABOVE, UNDERSTAND IT AND AGREE TO IT

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE **08/01/06**

**For California Applicants Only:**

I understand that I will be informed as to the source of any credit report obtained in CA. When a credit report is obtained by Macy's in CA, I need to receive a copy of the report.

☐ YES ☒ NO

Following an offer of employment all applicants will be required to supply the following:

A - WORK PERMIT  
 B - PROOF OF IDENTITY AND AUTHORIZATION TO WORK IN U.S.  
 C - NAME AND ADDRESS OF 3 REFERENCES

☐ CANDIDATE IS NOT INTERESTED IN JOB AVAILABLE. GIVE REASON - SALARY, SCHEDULE, ETC.

INTERVIEWER NAME INTERVIEW RATE INTERVIEWER'S INITIALS AND DATE

PRINTED FROM IDS CONFIDENTIAL PERSONNEL

12/09/13

REDACTED  
REDACTED

## **Chake Petrossian**

REDACTED  
Sun Valley, CA 91352  
Home 818 REDACTED  
Cellular 818 REDACTED  
Email REDACTED@yahoo.com

### **Objective**

To secure an entry-level position in a major fashion outlet which will use my experience in retail sales and merchandising. Flexible and willing to take on a variety of tasks.

### **Experience**

R.M. N.D. Staff Services, Glendale, CA

**Receptionist, 2006 - 2006**

- Filing paper work
- Answering and assisting telephone calls from patients
- Make and remind appointments to patients

Los Felis Health Center, Hollywood, CA

**Receptionist, 2005 - 2006**

- Filing paper work
- Answering and assisting telephone calls from patients
- Make and remind appointments to patients

Private Care, Glendale, CA

**Provider, 2003 - 2005**

- Going to patients houses and taking care
- Giving medical attention to patients at there home

Chateau De Argan, Montréal, Quebec

**Assistant Manager, 1995 - 2002**

- Managing 30 employees
- Polishing and boxing silver jewelry
- Getting deadlines on time

Shant Boutique, Montréal, Quebec

**Customer Service/ Sales, 1988 -1994**

- Cashiering
- Sales

### **Education**

Mashdots College, Glendale, CA, 2004 - 2005

E C E 18 Units, Major: Teacher Assistant

Los Angeles City College, Los Angeles, CA, 2002 - 2004

ESL

High School No.43, Yerevan, Armenia, 1965 - 1975

General education



PRINTED FROM IDS CONFIDENTIAL PERSONNEL

pg 6076 REDACTED

REDACTED

### **Skills**

- Microsoft windows OS (95,98NT, 2000, XP)
- Typing 40wpm
- Languages: English, French, Armenian, and Russian
- Management Experience

PRINTED FROM IDS CONFIDENTIAL PERSONNEL

NAME (Last)	(Middle)	(First)
Petrossian	-	Chake
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	REDACTED	PAYROLL NO. 346978

Code  
084

REDACTED

REDACTED

## FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE AND CONSENT FORM

By this document, Macy's West, Inc. (Macy's) discloses to you that consumer reports (which may include an investigative consumer report) may be obtained for employment purposes as part of the pre-employment background evaluation and at any time during your employment if you are hired. Please read carefully and sign where indicated below.

In connection with this application or anytime during my employment, I hereby authorize Macy's West, Inc. (Macy's) or its agent to obtain a consumer report concerning me from consumer reporting agencies (e.g., credit bureaus, criminal background checks, Stores Protective Associations, etc.) This may include investigative consumer reports which include information as to my character, general reputation, personal characteristics and mode of living, obtained through personal interviews with neighbors, friends or associates. In addition, information may be obtained from former employers and educational institutions, which I have attended. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that this authorization shall remain on file if I do become an employee and shall serve as an ongoing authorization for Macy's West, Inc. (Macy's) to procure consumer reports (including investigative consumer reports) at any time during my employment period.

Upon written request from me to, Macy's West, Inc. (Macy's) I will be informed of the name and address of each consumer reporting agency, if any, from which Macy's West, Inc. (Macy's) has obtained a consumer report or an investigative consumer report relating to me. I understand I also have the right to request disclosure of the nature and scope of any investigative consumer report, along with a Summary of Consumer rights.

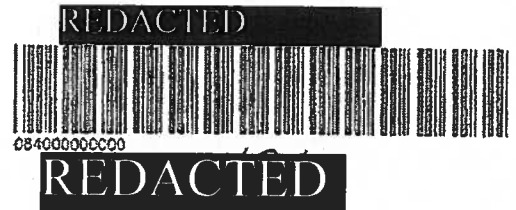
Print Name Petrossian Chake Date 08/01/06

Signature of Applicant

Address REDACTED San Valley, CA 91352

PRINTED FROM IDS CONFIDENTIAL PERSONNEL

NAME (Last)	(Middle)	(First)
Petrosian	-	Chake
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	PAYROLL NO	
REDACTED	346978	

Code  
084**CALIFORNIA FCRA DISCLOSURE AND CONSENT**

By this document, Macy's West, Inc. ("Macy's") discloses to you that investigative consumer reports (as defined under California law) may be obtained for employment purposes as part of the pre-employment background evaluation and at any time during your employment if you are hired. These investigative consumer reports may include information on your character, general reputation, personal characteristics, and mode of living obtained through any means. Investigative consumer reports may be obtained from the following consumer reporting agencies:

Accurate Background Checks, Inc.  
20988 Bake Parkway Suite #104  
Lake Forest, CA 92630  
Telephone: (800) 784-3911 ext.230

Esteem Information Services  
13950 Ballantyne Corporate Pl., Suite 200  
Charlotte, NC 28277-2712  
Telephone: (888) 715-4300

You have the right under Section 1786.22 of the California Civil Code to contact the consumer reporting agency during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at the address listed above, with proper identification. You may be accompanied by one other person, with reasonable identification.
2. By certified mail, if you make a written request to have your file sent to a specified address, and provide proper identification.
3. By telephone, if you have previously made a written request and provided proper identification.

These consumer reporting agencies have trained personnel to explain any information that is furnished to you.

Unless you elect otherwise in the boxes below, you will receive copies of consumer reports and public records about you obtained by Macy's for employment purposes.

☒ I do not want to receive a copy of any investigative consumer report that is prepared about me for employment purposes.

☒ I do not want to receive a copy of any public record obtained directly by Macy's for employment purposes.

I understand that this authorization shall remain on file if I do become an employee and shall serve as an ongoing authorization for Macy's to procure an investigative consumer report at any time during my employment period.

I understand the foregoing, and hereby authorize Macy's to obtain an investigative consumer report concerning me from a consumer reporting agency.

Print Name Petrosian Chake Date 08/01/06

Signature of Applicant [Signature]

Address

REDACTED

Sun Valley CA 91552

macy's  
174117C 9/2003

PRINTED FROM IDS CONFIDENTIAL PERSONNEL



\*30300000000\*

### UNDERSTANDING COMMISSION Associate Acknowledgement

Please print clearly and legibly

ASSOCIATE NAME (FIRST) Shake	ASSOCIATE NAME (LAST) Ter Petrossian	PAYROLL ID 71112464	WORK AREA 0502
PRESENTING EXECUTIVE'S NAME	LOCATION Burbank Town Center	STORE # 71504	PLANCODE 207

Your Commission Program: (check one)

☒ Draw vs. Commission Pay  
☐ Base Plus Commission Pay

Overtime Classification: (Indicate "Yes" or "No")

☒ NO Overtime calculated utilizing FLSA 7i exemption (Draw vs. Commission Pay only)

Indicate "Yes" or "No" for other applicable Commission plans:

☒ NO Tiered Commission plan  
☒ NO Item Status commission plan

Draw or Base Hourly Rate \$ \$8.45

### ASSOCIATE ACKNOWLEDGMENT

I hereby acknowledge that I have received and have read the booklet "Understanding Commission" (the "Booklet"). The Booklet includes the documents referenced in the booklet, including but not limited to the Sales>Returns Commission Summary Statements, Commission Rate listings (also known as Commission Summary Tables) and documents confirming my individual rate. The Booklet describes the computation of Commission Pay and other related policies. I understand the contents of the Booklet. If there is anything I do not understand in the future, I will seek clarification from my Manager or from Human Resources. I understand and agree that my Commission Pay and other forms of compensation at Macy's will be paid as described in the booklet. This booklet supersedes all prior oral and written agreements and communications between me and the Company on the subject of commission pay programs and other items described in the Booklet. The Company reserves the right to change commission practices and payroll policies upon notice (either in writing or through electronic communications) to affected associates. Changes to this Booklet may be made only in writing signed by the Vice President of Compensation for Macy's or his/her designee. I understand and agree that my employment is at will. I agree that nothing in "Understanding Commission" will be construed as an express, implied or inferred promise or commitment of a future position, promotion or contract of employment between me and the Company for a definite term or to the right of continued employment by the Company, or as a limitation on the right of either the Company or me to terminate the employment relationship at any time, with or without cause and with or without notice. I understand that if my employment is governed by a collective bargaining agreement (CBA), the provisions of the CBA take precedence over any information I may read in this document. This includes, but is not limited to, Commission Pay policies.

Associate Signature

Presenting Executive Signature

Date 02-21-11Date 2.21.11

PRINTED FROM IDS CONFIDENTIAL LIFE EVENTS



Leave of Absence  
P.O. Box 17508  
Clearwater, FL 33762-0508  
Ph: 1-800-234-MACY  
Fax: 1-800-337-2363  
E-Mail: macys.loa@macys.com

6/14/2010

Shake Ter Petrossian  
**REDACTED**  
Glendale, CA 91205

Payroll # 71112464

Dear Shake,

We have been notified that you are requesting a leave of absence for 06/07/2010 to 07/06/2010. Enclosed you will find important information about your leave of absence and the documentation required in order for the Company to approve and/or continue your leave. It is important that you understand your responsibilities during your leave so please review this information carefully. If you have any questions regarding this information or what is requested, please contact us. **Important - If you have not provided a health care certification your leave will be pending and not approved.** All information requested will need to be mailed or faxed to the HR Services Leave of Absence team to the address above. HR Services will be administering your leave request. If you need assistance in completing the forms, or if there are circumstances that prevent you from meeting the deadlines, please call the HR Services Leave of Absence team or your Human Resource Manager as soon as possible.

Please complete the following forms, sign and return to HR Services within 15 days.

If we do not receive this information from you within 15 days, your leave may be delayed or denied.

- X Health Care Provider Certification Needed - Attachment A
- X Request for Leave of Absence Form Needed - Attachment B

Also included in this packet are:

1. Notice of Eligibility and Rights & Responsibilities to Employee Request for Family Medical Leave (FMLA) - Attachment C
2. Designation Notice Family and Medical Leave Act (FMLA) - Attachment D

- ☒ Pursuant to the provisions of the California Code of Regulations Section 1089-1, this will notify you of a change in status, due to a leave of absence. We are providing you with a copy of the EDD Pamphlet DE 2320, which is entitled "For Your Benefit, California's Programs for the Unemployed". The pamphlet discusses your unemployment insurance benefit rights (if applicable). We are also providing you with a copy of the California Paid Family Leave Brochure.

Included in this packet is information regarding your benefits and a checklist for you to follow while you are on your leave of absence. If you have questions or concerns regarding this information, please contact us at 1-800-234-MACY during our business hours: Monday - Friday, 9:00am - 9:00pm Eastern Standard Time.

Sincerely,

Kira Alvarez  
HR Services  
Leave of Absence



PRINTED FROM IDS CONFIDENTIAL LIFE EVENTS  
Jul 08 2010 7:05AM Jim Falk Lexus

310-REDACTED

P. 10

## Request for Leave of Absence

## About You

Shake Ter Petrossian

REDACTED

Glendale, CA 91205

★ macy's

Payroll # 112464

RECEIVED

JUN 7 8 2010

## Your Leave Request

I am requesting an: ☒ Original leave of absence or ☐ Extension to my leave of absence **DISABILITY INS.**

Date your leave is to begin: 6/7/2010 Date your leave is to end: 6/15/2010

I am requesting my leave for the following reason:

- ☐ To care for my newborn, or the placement of a child with me for adoption or foster care  
☒ A serious health condition that prevents me from performing the essential functions of my job  
☐ A serious health condition for which I need to provide care for:  
☐ my spouse ☐ parent  
☐ child ☐ CA registered domestic partner  
☐ My disability due to pregnancy or pregnancy related conditions  
☐ To care for a qualified ill/injured military service member (FMLA)  
☐ Military Exigency Leave of Absence (FMLA)  
☐ Unpaid leave when spouse is home from qualified military deployment  
☐ Other: Please explain: \_\_\_\_\_  
☐ Intermittent/Reduced Schedule Leave (Complete below only if requesting on an intermittent basis)

Reason for Schedule Change	Proposed Schedule

## Information About Your Request

I understand that:

1. If I am granted the leave of absence requested above I am expected to return to work on or before the date indicated above that my leave is to end. If I cannot return to work on this date I must request an extension of my leave from my Human Resource Manager or HR Services. I agree to submit any additional supporting medical certification or documents requested by my Human Resource Manager and/or HR Services to support my leave of absence.
2. I will remain an employee of the Company while on an approved leave of absence unless my position is eliminated as a result of business needs.
3. I may not take a leave to seek employment. I may not accept employment, or be self-employed, if it is inconsistent with the restrictions provided by my Health Care Provider. Such actions while on any authorized leave may be considered a voluntary resignation.
4. Insurance premiums that I am responsible for will be deducted automatically from any disability pay or salary continuation benefits I am entitled to receive. I must directly pay any premiums not collected via payroll deductions, to HR Services.
5. For certain leaves, I may be required to exhaust all applicable paid leave time first. This may include vacation, holidays, or any other paid leave available to me.
6. I will not accrue vacation time during a leave of absence.
7. I must contact my Human Resource Manager and HR Services at least 2 weeks prior if possible and no later than 2 (two) business days prior to the date indicated as my return to work date. Failure to do so may result in a delay in my return to work.
8. It is my obligation to notify HR Services of any change of address during my leave.

Employee Signature

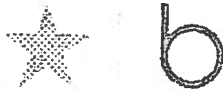
Date

6/23/2010

## What Next?

You may fax complete forms to HR Services at 1-800-310-7740 or mail to Leave of Absence, PO Box 17427, Clearwater, FL 33762-0427 or e-mail documents to [macy's.leaf@macy's.com](mailto:macy's.leaf@macy's.com). If you need assistance completing the forms, please contact your Human Resource Manager or HR Services Leave of Absence at 1-800-234-MACY.

PRINTED FROM IDS CONFIDENTIAL LIFE EVENTS



Leave of Absence  
P.O. Box 17427  
Clearwater, FL 33762  
Fax: 1-800-310-7740  
Ph: 1-800-234-MACY 6229  
Email: macys.loan@macys.com

3/8/2012

Payroll # 71112464

Shake Ter Petrossian  
[REDACTED]  
Glendale, CA 91205

Dear Shake,

We have received your request for a Leave of Absence beginning on 02/14/2012 and ending approximately 03/06/2012.

Your leave of absence and/or extension has been approved pursuant to the:

- ☒ Family Medical Leave Act (FMLA)
- ☒ California Family Rights Act (CFRA)
- ☐ Washington Family Rights Act (WFLA)
- ☐ Oregon Family Rights Act (OFLA)
- ☐ Hawaii Family Rights Act (HFLA)
- ☒ Macy's Medical Leave Policy
- ☐ Macy's Domestic Partner Leave Policy
- ☐ Uniformed Services Employment and Reemployment Rights Act (USERRA)

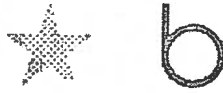
The attached Designation Notice provides additional information concerning your leave.

Your leave is estimated to end on 03/06/2012. If your leave is for your own medical condition and your restrictions change prior to this date, or if there are any accommodations that would allow you to perform the essential functions of your job, please contact us so we can look for return to work options. If you need additional time beyond the estimated leave end date, please contact HR Services as soon as practicable to determine whether you have remaining leave entitlement or if you are eligible for an extension of your leave under the Americans with Disabilities Act, as amended (ADA).

Please call HR Services during our business hours: Monday - Friday, 9:00am - 9:00pm Eastern Standard Time at 1-800-234-6229 if you have any additional questions.

Sincerely,  
Terry Phommahaxay  
HR Services  
Leave of Absence

PRINTED FROM IDS CONFIDENTIAL LIFE EVENTS



Leave of Absence  
P.O. Box 17427  
Clearwater, FL 33762-0427  
Ph: 1-800-234-MACY  
Fax: 1-800-310-7740  
E-Mail: macys.loa@macys.com

March 16, 2012

Payroll # 71112464

Shake Ter Petrossian  
**REDACTED**  
Glendale, CA 91205

Dear Shake,

According to the most recent information from your Health Care Provider, you were released to return to work as of March 07, 2012. As of the date of this letter you have not returned to work and we have not received any information from you indicating you are unable to work at this time.

In order to maintain your leave of absence, we must receive updated information from your Health Care Provider that outlines your new anticipated return to work date. This information must be sent to us by April 02, 2012. If circumstances prevent you from doing, this, you may contact us, and your Human Resource Manager within the 15-day time frame. You may fax or mail the information to the address and fax number listed above. If we do not receive this information and you do not return to work, we will process your separation from the company.

If you require additional leave time for something other than your own medical condition or a covered family member's condition, you must request a Personal Leave by completing the Request for Personal Leave of Absence Form. Personal Leaves are granted at the sole discretion of the Company based upon eligibility and business needs. You need to submit your Request for Personal Leave of Absence Form to your Human Resource Manager who will approve or deny your request for a Personal leave. Your Request for Leave of Absence Form must be submitted to us and approved by your Human Resource Manager within 15 days from the date of this letter. You may mail or fax this information to the address and fax number listed above.

This will be the only notice that you receive so please give it your immediate attention. If you do not take action to maintain your Leave of Absence status or return to work, we will process your separation from Macy's as a voluntary resignation effective April 04, 2012.

Sincerely,  
Terry Phommahaxay  
LOA Administrator  
HR Services  
Leave of Absence

Certified number:7011 1570 0000 0255 3463

LTR010 - DNR revised 5.6.11

PRINTED FROM IDS CONFIDENTIAL LIFE EVENTS



Leave of Absence  
P.O. Box 17427  
Clearwater, FL 33762  
Fax: 1-800-310-7740  
Ph: 1-800-234-MACY 6229  
Email: macys.lob@macys.com

3/21/2012

Payroll # 71112464

Shake Ter Petrossian  
**REDACTED**  
Glendale, CA 91205

Dear Shake,

We have received your request for a Leave of Absence beginning on 02/14/2012 and ending approximately 04/11/2012.

Your leave of absence and/or extension has been approved pursuant to the [check all that apply]:

- ☒ Family Medical Leave Act (FMLA)
- ☒ California Family Rights Act (CFRA)
- ☐ Washington Family Rights Act (WFLA)
- ☐ Oregon Family Rights Act (OFLA)
- ☐ Hawaii Family Rights Act (HFLA)
- ☒ Macy's Medical Leave Policy
- ☐ Macy's Domestic Partner Leave Policy
- ☐ Uniformed Services Employment and Reemployment Rights Act (USERRA)
- ☐

The attached Designation Notice provides additional information concerning your leave.

Your leave is estimated to end on 04/11/2012. If your leave is for your own medical condition and your restrictions change prior to this date, or if there are any accommodations that would allow you to perform the essential functions of your job, please contact us so we can look for return to work options. If you need additional time beyond the estimated leave end date, please contact HR Services as soon as practicable to determine whether you have remaining leave entitlement or if you are eligible for an extension of your leave under the Americans with Disabilities Act, as amended (ADA).

Please call HR Services during our business hours: Monday - Friday, 9:00am - 9:00pm Eastern Standard Time at 1-800-234-6229 if you have any additional questions.

Sincerely,  
Terry Phommahaxay  
HR Services  
Leave of Absence



Leave of Absence  
P.O. Box 17427  
Clearwater, FL 33762-0427  
Ph: 1-800-234-MACY  
Fax: 1-800-310-7740  
E-Mail: macys.loan@macys.com

April 20, 2012

Payroll # 71112464

Shake Ter Petrossian  
REDACTED  
Glendale, CA 91205

Dear Shake,

According to the most recent information from your Health Care Provider, you were released to return to work as of April 12, 2012. As of the date of this letter you have not returned to work and we have not received any information from you indicating you are unable to work at this time.

In order to maintain your leave of absence, we must receive updated information from your Health Care Provider that outlines your new anticipated return to work date. This information must be sent to us by May 05, 2012. If circumstances prevent you from doing this, you may contact us, and your Human Resource Manager within the 15-day time frame. You may fax or mail the information to the address and fax number listed above. If we do not receive this information and you do not return to work, we will process your separation from the company.

If you require additional leave time for something other than your own medical condition or a covered family member's condition, you must request a Personal Leave by completing the Request for Personal Leave of Absence Form. Personal Leaves are granted at the sole discretion of the Company based upon eligibility and business needs. You need to submit your Request for Personal Leave of Absence Form to your Human Resource Manager who will approve or deny your request for a Personal leave. Your Request for Leave of Absence Form must be submitted to us and approved by your Human Resource Manager within 15 days from the date of this letter. You may mail or fax this information to the address and fax number listed above.

This will be the only notice that you receive so please give it your immediate attention. If you do not take action to maintain your Leave of Absence status or return to work, we will process your separation from Macy's as a voluntary resignation effective May 09, 2012.

Sincerely,

Kenté Jamison  
HR Services  
Leave of Absence

Certified number: 7011 3500 0000 7240 1256

LTR010 - DNR revised 5.6.11



PRINTED FROM IDS CONFIDENTIAL PERSONNEL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p> A. Signature  X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p>	
<p> 1. Article Addressed to:  Shake Ter Petrossian #71112464  <b>REDACTED</b>  Glendale, CA 91205 </p>		<p> B. Received by (Printed Name) <i>Shake</i> C. Date of Delivery <i>5/1/12</i>  D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No </p>	
		<p> 3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p> 2. Article Number  (Transfer from service label) </p>		<p> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>	
		<p> 7011 3500 0000 7240 1256 </p>	

PS Form 3811, February 2004

Domestic Return Receipt

102535-02-M-1540



Leave of Absence  
P.O. Box 17427  
Clearwater, FL 33762  
Fax: 1-800-310-7740  
Ph: 1-800-234-MACY 6229  
Email: macys.loa@macys.com

6/26/2012

Payroll # 71112464

Shake Ter Petrossian  
**REDACTED**  
Glendale, CA 91205

Dear Shake,

We have received your request for a Leave of Absence beginning on 02/14/2012 and ending approximately 08/19/2012.

Your leave of absence and/or extension has been approved pursuant to the [check all that apply]:

- ☒ Family Medical Leave Act (FMLA)
- ☒ California Family Rights Act (CFRA)
- ☐ Washington Family Rights Act (WFLA)
- ☐ Oregon Family Rights Act (OFLA)
- ☐ Hawaii Family Rights Act (HFLA)
- ☒ Macy's Medical Leave Policy
- ☐ Macy's Domestic Partner Leave Policy
- ☐ Uniformed Services Employment and Reemployment Rights Act (USERRA)
- ☒ ADA

The attached Designation Notice provides additional information concerning your leave.

Your leave is estimated to end on 08/19/2012. If your leave is for your own medical condition and your restrictions change prior to this date, or if there are any accommodations that would allow you to perform the essential functions of your job, please contact us so we can look for return to work options. If you need additional time beyond the estimated leave end date, please contact HR Services as soon as practicable to determine whether you have remaining leave entitlement or if you are eligible for an extension of your leave under the Americans with Disabilities Act, as amended (ADA).

Please call HR Services during our business hours: Monday - Friday, 9:00am - 9:00pm Eastern Standard Time at 1-800-234-6229 if you have any additional questions.

Sincerely,

Marci Patrick  
HR Services  
Leave of Absence



Leave of Absence  
P.O. Box 17427  
Clearwater, FL 33762  
Fax: 1-800-310-7740  
Ph: 1-800-234-MACY (6229)  
Email: macys.loa@macys.com

6/26/2012

Payroll # 71112464

Shake Ter Petrossian  
[REDACTED]  
Glendale, CA 91205

Dear Shake

Our records indicate the following (check all that are applicable):

- ☐ Family Medical Leave Act (FMLA) expires on
- ☐ California Family Rights Act (CFRA) expires on
- ☐ Washington Family Rights Act (WFLA) expires on
- ☐ Oregon Family Rights Act (OFLA) expires on
- ☐ Hawaii Family Rights Act (HFLA) expires on
- ☐ California Pregnancy Disability Leave expires on
- ☒ Macy's Medical Leave Policy expires on 8/13/12
- ☐ Other: expires on

Presently your leave is approved through 08/19/2012. However, if your situation changes so that you are able to return at an earlier date, please contact your Human Resource Manager and HR Services- Leave of Absence at 1-800-234-MACY (6229) to arrange your return to work.

If you need an extension of your leave past this approved date, please contact HR Services and your Human Resource Manager. Depending on your leave entitlement status noted above, this request will be evaluated either as a reasonable accommodation under the Americans with Disabilities Act, as amended or, if you are not disabled, under the Company's Personal Leave of Absence policy.

Please call HR Services- Leave of Absence at 1-800-234-MACY (6229) if you have any questions.

Sincerely,

Marci Patrick  
HR Services  
Leave of Absence  
Attachment: State specific Designation Notice

PRINTED FROM IDS CONFIDENTIAL LIFE EVENTS

2012-08-23 10:20 Associate Relations

2100/9/11/19 >>

Fax Server P 1/1



Macy's  
Accommodation/Disability Leave Office  
7 West Seventh St.  
Cincinnati, OH 45202

August 23, 2012

Ms. Shake Ter Petrossian

REDACTED

Glendale, CA 91205

Dear Shake:

This letter is in response to your request for an extension to your medical leave of absence as a reasonable accommodation. Based on an analysis of the August 7, 2012, Work Status Report from Robert J. Schechter, M.D., your request for an extension to your leave is granted through September 9, 2012, with the expectation that you will be able to return to work at Macy's on September 10, 2012.

You have been on a continuous medical leave of absence since February 14, 2012, and exhausted all eligible entitlement under Macy's leave policy on August 13, 2012. The Company may grant an extension to a leave as a reasonable accommodation under the Americans with Disabilities Act, as amended (ADAAA), if the treating health care provider certifies the additional leave time will help facilitate your recovery and return to work on a date in the reasonably foreseeable future.

Please confirm your return to work date with HR Services by accessing In-site, selecting *Leave of Absence* under the *Life Events* menu option, then selecting the *Notification for Return to Work* option, or fax a copy of the release for return to work to HR services at 1-800-310-7740. Please engage in a two-way conversation with your Human Resources Manager to discuss any restrictions you may have upon your return to work so that an assessment can be made regarding the need for a reasonable accommodation.

Remember if you are released to return to work with restrictions, we require that the conversation with your Human Resources Manager take place prior to your return because the recommended accommodation(s) must be approved by the Office of Accommodation Disability Leave Management before you can actually work.

If you are unable to return to work at the end of the leave, we may not be able to grant any additional extension to your medical leave of absence, due to the indefinite nature of your return to work date.

You must contact HR Services at 1-800-234-6229 (MACY), if you have questions about your leave or benefits.

Sincerely,

A handwritten signature in dark ink, appearing to read "Nancy G. Gruen", written in a cursive style.

Nancy G. Gruen  
ADLM Specialist  
Accommodation/Disability Leave  
Management Administration

Petrossian Shake Ter #71112464

PRINTED FROM IDS CONFIDENTIAL LIFE EVENTS  
2012-09-13 10:41 Associate Relations

2100/9/11/14 >>

Fax Server P 1/6



Macy's  
Accommodation/Disability Leave Office  
7 West Seventh St.  
Cincinnati, OH 45202

September 13, 2012

Ms. Shake Petrossian  
**REDACTED**  
Glendale, CA 91205

Dear Shake:

This letter is in response to your request for a second extension to your medical leave of absence as a reasonable accommodation.

According to the latest Work Status Report from Dr. Robert Schechter dated August 7, 2012, you are placed off work through October 28, 2012. Dr. Schechter did not explain how the extended leave would enable you to return to work and perform the essential functions of your position. We are willing to grant your request for a second extension to your leave, but we need your doctor to explain how this additional time will allow you to return to work on a date in the reasonable foreseeable future, since we cannot extend your leave indefinitely.

Please have the attached Reasonable Accommodation Inquiry letter completed by Dr. Schechter and returned to our office no later than September 27, 2012. If you need additional time to provide the completed information, you will need to contact our office on or before that date at (513) 579-7990. Upon receipt of the response to this letter, we will determine if we are able to grant your request for a second extension to your leave of absence as a reasonable accommodation. The information may be faxed to my attention at: (513) 562-6972, or mail to:

Macy's Accommodation Disability Leave  
Management Office  
Attn: Nancy Gruen  
7 West Seventh St., 13<sup>th</sup> Floor  
Cincinnati, OH 45202

Please note without having this information we would be unable to consider any additional extension to your medical leave of absence and would process your separation from the company on September 27, 2012, as not returning from leave.

If you have any questions about your leave, you may contact the HR Services Leave of Absence Team at: (800) 234-MACY (6229).

Sincerely,  
A handwritten signature in cursive script, appearing to read "Nancy G. Gruen".  
Nancy G. Gruen  
ADLM Specialist  
Accommodation/Disability Leave  
Management Administration



# **EXHIBIT F**

1 CRISTINA D. HERNANDEZ, Bar No. 283500  
2 GONZALEZ SAGGIO & HARLAN LLP  
3 3699 Wilshire Boulevard  
4 Los Angeles, California 90010  
5 Tel: (213) 487-1400  
6 Fax: (213) 487-1402  
7 Email: Cristina\_Hernandez@gshllp.com

8 CYNTHIA TSAI BRADY, Bar No. 265151  
9 MACY'S LAW DEPARTMENT  
10 611 Olive Street, 10<sup>th</sup> Floor  
11 St. Louis, MO 63101  
12 Tel: (314) 342-6375  
13 Fax: (314) 342-6066  
14 Email: Cynthia.Brady@macys.com

15 Attorneys for Defendant  
16 MACY'S, INC.

17 UNITED STATES DISTRICT COURT  
18 CENTRAL DISTRICT OF CALIFORNIA

19 SHAKE TER PETROSSIAN,

20 Plaintiff,

21 v.

22 MACY'S, MACY'S, INC., REVA  
23 SHERMAN-MATTHEWS, AND DOES 1  
24 THROUGH 100 INCLUSIVE,

25 Defendants.

Case No.

DECLARATION OF LINDA BALICKI IN  
SUPPORT OF DEFENDANT MACY'S,  
INC.'S REMOVAL OF ACTION UNDER 28  
U.S.C. §§ 1332, 1441, 1446

[Notice of Removal filed concurrently  
herewith.]

26 I. Linda Balicki, hereby declare the following:

27 1. I am an attorney employed by Macy's Corporate Services, Inc. in the Macy's, Inc.  
28 Law Department office located at 611 Olive Street, St. Louis, Missouri 63101. Macy's Corporate  
Services, Inc. is a wholly-owned subsidiary of Macy's Retail Holdings, Inc., a New York  
corporation, which in turn is a wholly-owned subsidiary of Macy's, Inc., a Delaware corporation.  
My practice is concentrated in the corporate structure and governance area. I have been employed as  
an attorney with the former The May Department Stores Company (acquired by Macy's, Inc. in  
2005) and Macy's Corporate Services, Inc. since 1988. I currently hold the title of Vice President.

2. I am aware of the facts set forth below in paragraphs 3 through 5 because of my

1.

DECLARATION OF LINDA BALICKI IN SUPPORT OF DEFENDANT MACY'S, INC.'S REMOVAL OF  
ACTION UNDER 28 U.S.C. §§ 1332, 1441, 1446

1 experience in the Macy's, Inc. Law Department and through my job duties in the corporate structure  
2 and governance area.

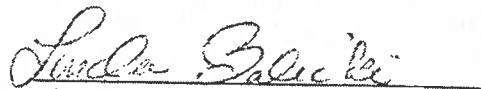
3 3. The named defendants in this action include "Macy's" and "Macy's, Inc." There is  
4 no incorporated entity in the Macy's family known by the name "Macy's."

5 4. On September 26, 2013, the date on which Plaintiff Shake Ter Petrossian filed her  
6 Complaint, Macy's, Inc. was incorporated under the laws of the State of Delaware. Macy's, Inc.  
7 remains incorporated under the laws of the State of Delaware.

8 5. On September 26, 2013, the date on which Plaintiff Shake Ter Petrossian filed her  
9 Complaint, Macy's, Inc.'s principal places of business were located in Cincinnati, Ohio and New  
10 York, New York. Macy's, Inc.'s principal places of business remain in Cincinnati, Ohio and New  
11 York, New York. None of the directors of Macy's, Inc. reside in the State of California or have  
12 principal places of business in California. The officers and executive management team who direct,  
13 control, and coordinate Macy's, Inc.'s activities primarily do so from Cincinnati, Ohio or New York,  
14 New York. Ohio or New York are the states where Macy's, Inc.'s primary executive,  
15 administrative, financial and management functions are conducted.

16 I declare under penalty of perjury under the laws of the State of California and the laws of the  
17 United States of America that the foregoing is true and correct.

18 Executed this 2nd day of December, 2013, at St. Louis, Missouri.

19  
20  
21   
22 Linda Balicki

# **EXHIBIT G**

1 CRISTINA D. HERNANDEZ, Bar No. 283500  
2 GONZALEZ SAGGIO & HARLAN LLP  
3 3699 Wilshire Boulevard  
4 Los Angeles, California 90010  
5 Tel: (213) 487-1400  
6 Fax: (213) 487-1402  
7 Email: Cristina\_Hernandez@gshllp.com

8 CYNTHIA TSAI BRADY, Bar No. 265151  
9 MACY'S LAW DEPARTMENT  
10 611 Olive Street, 10<sup>th</sup> Floor  
11 St. Louis, MO 63101  
12 Tel: (314) 342-6375  
13 Fax: (314) 342-6066  
14 Email: Cynthia.Brady@macys.com

15 Attorneys for Defendant  
16 MACY'S, INC.

17 UNITED STATES DISTRICT COURT  
18 CENTRAL DISTRICT OF CALIFORNIA

19 SHAKE TER PETROSSIAN,

20 Plaintiff,

21 v.

22 MACY'S, MACY'S, INC., REVA  
23 SHERMAN-MATTHEWS, AND DOES 1  
24 THROUGH 100 INCLUSIVE,

25 Defendants.

Case No.

DECLARATION OF REVA SHERMAN-  
MATTHEWS IN SUPPORT OF  
DEFENDANT MACY'S, INC.'S  
REMOVAL OF ACTION UNDER 28 U.S.C.  
§§ 1332, 1441, 1446

[Notice of Removal filed concurrently  
herewith.]

26 I, Reva Sherman-Matthews, hereby declare the following:

27 1. I submit this declaration in support of Defendants' Removal of Action under 28  
28 U.S.C. §§ 1332, 1441, 1446. I have personal knowledge of the facts set forth herein, which are  
known by me to be true and correct, and, if called as a witness, I could and would competently  
testify thereto.

2. I am employed as an Accommodation/Disability Manager for Macy's Corporate  
Services, Inc. at 7 West Seventh Street, Cincinnati, Ohio. I have held this position since December  
10, 2010.

3. I have not been served with a Summons and Complaint in the lawsuit *Shake Ter*  
1.

DECLARATION OF REVA SHERMAN-MATTHEWS IN SUPPORT OF DEFENDANT MACY'S, INC.'S  
REMOVAL OF ACTION UNDER 28 U.S.C. §§ 1332, 1441, 1446



1 *Petrossian v. Macy's, Macy's, Inc., Reva Sherman-Matthews, and Does 1 Through 100 Inclusive.*  
2 Case No. BC-522612.

3 4. I am not a citizen of the State of California and have never been a citizen of the State  
4 of California.

5 5. I currently reside in Cincinnati, Ohio and have resided in Cincinnati, Ohio since birth,  
6 with the exception of a few years during college. I intend to remain a resident of the State of Ohio  
7 permanently and indefinitely.

8 6. My spouse and siblings live in the State of Ohio.

9 7. I am employed in the State of Ohio, and I pay state income taxes to the State of Ohio.

10 8. I am registered to vote in the State of Ohio.

11 9. I hold an Ohio driver's license and my vehicle is registered in the State of Ohio.

12 10. All of my personal and real property are located in the State of Ohio.

13 11. My bank accounts are located in the State of Ohio.

14 I declare under penalty of perjury under the laws of the State of California and the laws of the  
15 United States of America that the foregoing is true and correct.

16 Executed this 2nd day of December, 2013, at Cincinnati, Ohio.

17

18

19

20

21

22

23

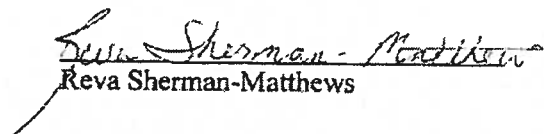
24

25

26

27

28

  
Reva Sherman-Matthews

# **EXHIBIT H**

1 CRISTINA D. HERNANDEZ, Bar No. 283500  
2 GONZALEZ SAGGIO & HARLAN LLP  
3 3699 Wilshire Boulevard  
4 Los Angeles, California 90010  
5 Tel: (213) 487-1400  
6 Fax: (213) 487-1402  
7 Email: Cristina.Hernandez@gshllp.com

8 CYNTHIA TSAI BRADY, Bar No. 265151  
9 MACY'S LAW DEPARTMENT  
10 611 Olive Street, 10<sup>th</sup> Floor  
11 St. Louis, MO 63101  
12 Tel: (314) 342-6375  
13 Fax: (314) 342-6066  
14 Email: Cynthia.Brady@macys.com

15 Attorneys for Defendant  
16 MACY'S, INC.

17 UNITED STATES DISTRICT COURT  
18 CENTRAL DISTRICT OF CALIFORNIA

19 SHAKE TER PETROSSIAN,

20 Plaintiff,

21 v.

22 MACY'S, MACY'S, INC., REVA  
23 SHERMAN-MATTHEWS, AND DOES 1  
24 THROUGH 100 INCLUSIVE.

25 Defendants.

Case No.

DECLARATION OF LINDA HARDING IN  
SUPPORT OF DEFENDANT MACY'S,  
INC.'S REMOVAL OF ACTION UNDER 28  
U.S.C. §§ 1332, 1441, 1446

[Notice of Removal filed concurrently  
herewith.]

26 I, Linda Harding, hereby declare the following:

27 1. I submit this declaration in support of Defendants' Removal of Action under 28  
28 U.S.C. §§ 1332, 1441, 1446. I have personal knowledge of the facts set forth herein, which are  
known by me to be true and correct, and, if called as a witness, I could and would competently  
testify thereto.

2. I am employed by Macy's Credit and Customers Services, Inc. as a Senior Manager  
for Payroll. In my capacity as a Senior Manager, I have access to the W-2s of current and former  
MWSI employees, including W-2s pertaining to Plaintiff Shake Ter Petrossian.

3. Attached hereto are the W-2s pertaining to Plaintiff Shake Ter Petrossian during her

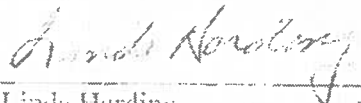
1.

DECLARATION OF LINDA HARDING IN SUPPORT OF DEFENDANT MACY'S, INC.'S REMOVAL OF  
ACTION UNDER 28 U.S.C. §§ 1332, 1441, 1446

1 employment with MWSI. These records are kept by MWSI in the ordinary course of business, and  
2 the attached records are true and correct copies of the originals. However, please note certain of the  
3 attached records have been redacted to remove confidential personal information in accordance with  
4 the Court's document redaction requirements.

5 I declare under penalty of perjury under the laws of the State of California and the laws of the  
6 United States of America that the foregoing is true and correct.

7 Executed this 2nd day of December, 2013, at Cincinnati, Ohio.

8  
9  
10   
11 Linda Harding 12/2/13  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 4865.23		2 Federal income tax withheld 593.33	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b D \$ 177.47		3 Social security wages 5042.70		4 Social security tax withheld 211.79	
e Employee's first name and initial S10 Last name 1 of 1 ID:1026000000000000158267831		12c DD \$ 6235.32		5 Medicare wages and tips 5042.70		6 Medicare tax withheld 73.12	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
15 State CA 16 State wages, tips, etc. 4865.23 17 State income tax 269.72 18 Local wages, tips, etc.		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
19 Local income tax		20 Locality name		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
14 Other CASDI 50.43		a Employee's social security number REDACTED		14 Other CASDI 50.43			

Form W-2 Wage and Tax Statement 2012 - Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 4865.23		2 Federal income tax withheld 593.33	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b D \$ 177.47		3 Social security wages 5042.70		4 Social security tax withheld 211.79	
e Employee's first name and initial S10 Last name 1 of 1 ID:1026000000000000158267831		12c DD \$ 6235.32		5 Medicare wages and tips 5042.70		6 Medicare tax withheld 73.12	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
15 State CA 16 State wages, tips, etc. 4865.23 17 State income tax 269.72 18 Local wages, tips, etc.		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
19 Local income tax		20 Locality name		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
14 Other CASDI 50.43		a Employee's social security number REDACTED		14 Other CASDI 50.43			

Form W-2 Wage and Tax Statement 2012-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Income Tax Return

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 4865.23		2 Federal income tax withheld 593.33	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b D \$ 177.47		3 Social security wages 5042.70		4 Social security tax withheld 211.79	
e Employee's first name and initial S10 Last name 1 of 1 ID:1026000000000000158267831		12c DD \$ 6235.32		5 Medicare wages and tips 5042.70		6 Medicare tax withheld 73.12	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
15 State CA 16 State wages, tips, etc. 4865.23 17 State income tax 269.72 18 Local wages, tips, etc.		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
19 Local income tax		20 Locality name		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
14 Other CASDI 50.43		a Employee's social security number REDACTED		14 Other CASDI 50.43			

Form W-2 Wage and Tax Statement 2012-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Tax Departments

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 4865.23		2 Federal income tax withheld 593.33	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b D \$ 177.47		3 Social security wages 5042.70		4 Social security tax withheld 211.79	
e Employee's first name and initial S10 Last name 1 of 1 ID:1026000000000000158267831		12c DD \$ 6235.32		5 Medicare wages and tips 5042.70		6 Medicare tax withheld 73.12	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
15 State CA 16 State wages, tips, etc. 4865.23 17 State income tax 269.72 18 Local wages, tips, etc.		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
19 Local income tax		20 Locality name		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
14 Other CASDI 50.43		a Employee's social security number REDACTED		14 Other CASDI 50.43			

Form W-2 Wage and Tax Statement 2012 - Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C for Employee's Records



## Notice to Employee

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

**Earned Income credit (EIC).** You may be able to take the EIC for 2012 if (a) you do not have a qualifying child and you earned less than \$13,980 (\$19,190 if married filing jointly), (b) you have one qualifying child and you earned less than \$36,920 (\$42,130 if married filing jointly), (c) you have two qualifying children and you earned less than \$41,952 (\$47,162 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$45,060 (\$50,270 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,200, or if income is earned for services provided while you were an inmate at a penal institution. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to

ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at

[www.socialsecurity.gov](http://www.socialsecurity.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with Code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2012 and more than \$4,624.20 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,192.90 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax

## Instructions for Employee

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return. **Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Unless you have records that show you did not receive the amount reported in box 8 as allocated tips, you must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report the allocated tip amount. On Form 4137 you will figure the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax

return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$17,000 (\$11,500 if you only have SIMPLE plans; \$20,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$17,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2012, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note.** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement

account that is part of a section 401(k) arrangement.

**E**—Elective deferrals under a section 403(b) salary reduction agreement

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

**T**—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**—Income from exercise of

nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan

**Z**—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

**DD**—Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.

**Note.** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.



**TO: Associates of Macy's, Inc.**

**FROM: Macy's Payroll Services**

Information appearing on your Form W-2 will include wages paid and taxes withheld at any time during the calendar year of 2012. It is extremely important that you review your Form W-2 and that you report any discrepancies immediately.

The following services are available through W-2 Management ([www.w2eXpress.com](http://www.w2eXpress.com)).

- You have found a discrepancy on your Form W-2 and need to report the error.
- The social security number (SSN) on your Form W-2 is incorrect. (Note: In order to request a W-2c for an incorrect SSN, you must first have your SSN corrected in our payroll system. Your local HRA/AST can make the correction by you providing acceptable documentation to support your request (see your HRA/AST for acceptable documents.) Once the correction is made in our payroll system, you can access W-2 Management to request the W-2c.)
- You need to request a reprint.

If you cannot obtain internet access to W-2 Management, you may call Macy's HR Services at 1-800-234-MACY (6229) for assistance. When speaking with a representative, please be very specific with your issue. Providing specific, detailed information is critical for a timely resolution.

The IRS recommends that Form W-2, Copy "C" for employee's record, be maintained for at least 3 years after the due date for filing an income tax return.

Please read the notice to employee and instructions on the back of your Form W-2. This has been furnished by the IRS and includes information regarding EIC, corrections and more.

**New in 2012:** W-2 Health Care Reporting Requirements - In accordance with the Affordable Care Act of 2010, we are reporting the total cost of employer sponsored health coverage you received during the year in box 12 under code DD. This figure includes both the employee and employer paid shares of health insurance premiums and is for informational purposes only. This amount is not taxable. Premiums for dental, vision and other insurance coverage are not included.



**THANK YOU** for Supporting Macy's Go Green effort and enrolling to receive your W-2 online.

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12 D \$ 583.93		1 Wages, tips, other compensation 13766.84		2 Federal income tax withheld 134.89	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b \$		3 Social security wages 14350.77		4 Social security tax withheld 602.73	
e Employee's first name and initial S10		Last name 1 of 1 ID:102600000000000000144771159		12c \$		5 Medicare wages and tips 14350.77	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
		Copy B To Be Filed With Employee's FEDERAL Tax Return		14 Other CASDI UWAY 172.21 20.00			
		a Employee's social security number REDACTED					
15 State CA	Employer's state ID number 08139842	16 State wages, tips, etc. 13766.84	17 State income tax 22.80	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2011 - Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12 D \$ 583.93		1 Wages, tips, other compensation 13766.84		2 Federal income tax withheld 134.89	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b \$		3 Social security wages 14350.77		4 Social security tax withheld 602.73	
e Employee's first name and initial S10		Last name 1 of 1 ID:102600000000000000144771159		12c \$		5 Medicare wages and tips 14350.77	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
		Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Income Tax Return		14 Other CASDI UWAY 172.21 20.00			
		a Employee's social security number REDACTED					
15 State CA	Employer's state ID number 08139842	16 State wages, tips, etc. 13766.84	17 State income tax 22.80	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2011-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or Local Tax Departments

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12 D \$ 583.93		1 Wages, tips, other compensation 13766.84		2 Federal income tax withheld 134.89	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b \$		3 Social security wages 14350.77		4 Social security tax withheld 602.73	
e Employee's first name and initial S10		Last name 1 of 1 ID:102600000000000000144771159		12c \$		5 Medicare wages and tips 14350.77	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
		Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Income Tax Return		14 Other CASDI UWAY 172.21 20.00			
		a Employee's social security number REDACTED					
15 State CA	Employer's state ID number 08139842	16 State wages, tips, etc. 13766.84	17 State income tax 22.80	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2011-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or Local Tax Departments

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12 D \$ 583.93		1 Wages, tips, other compensation 13766.84		2 Federal income tax withheld 134.89	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b \$		3 Social security wages 14350.77		4 Social security tax withheld 602.73	
e Employee's first name and initial S10		Last name 1 of 1 ID:102600000000000000144771159		12c \$		5 Medicare wages and tips 14350.77	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		7 Social security tips		8 Allocated tips	
		12e \$		9 Advance EIC payment 0.00		10 Dependent care benefits	
		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)		14 Other CASDI UWAY 172.21 20.00			
		a Employee's social security number REDACTED					
15 State CA	Employer's state ID number 08139842	16 State wages, tips, etc. 13766.84	17 State income tax 22.80	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2011 - Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C for Employee's Records



**Notice to Employee**

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2011 if (a) you do not have a qualifying child and you earned less than \$13,660 (\$18,740 if married filing jointly), (b) you have one qualifying child and you earned less than \$36,052 (\$41,132 if married filing jointly), (c) you have two qualifying children and you earned less than \$40,964 (\$46,044 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$43,998 (\$49,078 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,150. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to

ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with Code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2011 and more than \$4,485.60 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,088.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax

**Instructions for Employee**

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return. **Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Unless you have records that show you did not receive the amount reported in box 8 as allocated tips, you must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report the allocated tip amount. On Form 4137 you will figure the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax

return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2011, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note.** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5) **D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement

arrangement.

**E**—Elective deferrals under a section 403(b) salary reduction agreement

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1) **T**—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**—Income from exercise of

nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan

**Z**—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

**DD**—Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.

**Note.** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12 D \$ 639.07		1 Wages, tips, other compensation 16098.20		2 Federal income tax withheld 71.20	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 PO BOX 8201 MASON, OH 45040		12b \$		3 Social security wages 16737.27		4 Social security tax withheld 1037.71	
e Employee's first name and initial Last name Suff. 1 of 1 ID:1026000000000000127281964		12c \$		5 Medicare wages and tips 16737.27		6 Medicare tax withheld 242.69	
SHAKE TER PETROSSIAN		12d \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code 15 State ID number CA 08139842		12e \$ This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.) a Employee's social security number REDACTED		9 Advance EIC payment		10 Dependent care benefits	
GLENDALE, CA 91205				11 Nonqualified plans		13 Statutory employee <input type="checkbox"/>	
				14 Other CASDI 184.11 GIVEBK 26.00		Retirement plan <input checked="" type="checkbox"/> X Third party sick pay <input type="checkbox"/>	
		16 State wages, tips, etc. 16098.20		17 State income tax 69.35		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	



## Notice to Employee

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

**Earned income credit (EIC).** You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying children and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$43,352 (\$48,362 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,100. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** If you have at least one qualifying child, you may get as much as \$1,830 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**Credit for excess taxes.** If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,088.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy C.)

**Instructions for Employee** (Also see *Notice to Employee*, on the back of Copy B.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

**Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the

15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note.** If a year follows code D through H, S, Y, AA, or BB, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A—**Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**B—**Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**C—**Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D—**Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E—**Elective deferrals under a section 403(b) salary reduction agreement

(continued on back of Copy 2)

**Instructions for Employee** *(continued from back of Copy C)*

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

**T**—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan

**Z**—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

**CC** (For employer use only)—HIRE exempt wages and tips

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

**Note.** Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 9199.91		2 Federal income tax withheld 247.17	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 328.84		3 Social security wages 9528.75		4 Social security tax withheld 590.78	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 9528.75		6 Medicare tax withheld 138.17	
Last name 1 of 1 ID: 1026000000000000114378057		12c \$		7 Social security tips		8 Allocated tips	
CHAKE PETROSSIAN		12d \$		9 Advance EIC payment		10 Dependent care benefits	
REDACTED GLENDALE, CA 91205		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service		14 Other CASDI GIVEBK 104.82 40.00			
15 State CA		16 State wages, tips, etc. 9199.91		17 State income tax 100.36		18 Local wages, tips, etc.	
Employer's state ID number 08139842				19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2009 - Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 9199.91		2 Federal income tax withheld 247.17	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 328.84		3 Social security wages 9528.75		4 Social security tax withheld 590.78	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 9528.75		6 Medicare tax withheld 138.17	
Last name 1 of 1 ID: 1026000000000000114378057		12c \$		7 Social security tips		8 Allocated tips	
CHAKE PETROSSIAN		12d \$		9 Advance EIC payment		10 Dependent care benefits	
REDACTED GLENDALE, CA 91205		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service		14 Other CASDI GIVEBK 104.82 40.00			
15 State CA		16 State wages, tips, etc. 9199.91		17 State income tax 100.36		18 Local wages, tips, etc.	
Employer's state ID number 08139842				19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2009-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Income Tax Return

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 9199.91		2 Federal income tax withheld 247.17	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 328.84		3 Social security wages 9528.75		4 Social security tax withheld 590.78	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 9528.75		6 Medicare tax withheld 138.17	
Last name 1 of 1 ID: 1026000000000000114378057		12c \$		7 Social security tips		8 Allocated tips	
CHAKE PETROSSIAN		12d \$		9 Advance EIC payment		10 Dependent care benefits	
REDACTED GLENDALE, CA 91205		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service		14 Other CASDI GIVEBK 104.82 40.00			
15 State CA		16 State wages, tips, etc. 9199.91		17 State income tax 100.36		18 Local wages, tips, etc.	
Employer's state ID number 08139842				19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2009-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Tax Departments

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 9199.91		2 Federal income tax withheld 247.17	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 328.84		3 Social security wages 9528.75		4 Social security tax withheld 590.78	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 9528.75		6 Medicare tax withheld 138.17	
Last name 1 of 1 ID: 1026000000000000114378057		12c \$		7 Social security tips		8 Allocated tips	
CHAKE PETROSSIAN		12d \$		9 Advance EIC payment		10 Dependent care benefits	
REDACTED GLENDALE, CA 91205		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service		14 Other			
15 State CA		16 State wages, tips, etc. 9199.91		17 State income tax 100.36		18 Local wages, tips, etc.	
Employer's state ID number 08139842				19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2009-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For EMPLOYEE'S



b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 13345.36		2 Federal income tax withheld 134.24	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 495.02		3 Social security wages 13840.38		4 Social security tax withheld 858.11	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 13840.38		6 Medicare tax withheld 200.68	
Last name 1 of 1 ID: 1026000000000000114438006		12c \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		9 Advance EIC payment		10 Dependent care benefits	
		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
		This information is being furnished to the Internal Revenue Service		14 Other CASDI GIVEBK 152.24 66.00			
		Copy B To Be Filed With Employee's FEDERAL Tax Return					
		a Employee's social security number REDACTED					
15 State CA	Employer's state ID number 08139842	16 State wages, tips, etc. 13345.36	17 State income tax 126.69	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2009 - Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 13345.36		2 Federal income tax withheld 134.24	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 495.02		3 Social security wages 13840.38		4 Social security tax withheld 858.11	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 13840.38		6 Medicare tax withheld 200.68	
Last name 1 of 1 ID: 1026000000000000114438006		12c \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		9 Advance EIC payment		10 Dependent care benefits	
		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
		This information is being furnished to the Internal Revenue Service		14 Other CASDI GIVEBK 152.24 66.00			
		Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Income Tax Return					
		a Employee's social security number REDACTED					
15 State CA	Employer's state ID number 08139842	16 State wages, tips, etc. 13345.36	17 State income tax 126.69	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2009-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Tax Departments

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 13345.36		2 Federal income tax withheld 134.24	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 495.02		3 Social security wages 13840.38		4 Social security tax withheld 858.11	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 13840.38		6 Medicare tax withheld 200.68	
Last name 1 of 1 ID: 1026000000000000114438006		12c \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		9 Advance EIC payment		10 Dependent care benefits	
		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
		This information is being furnished to the Internal Revenue Service		14 Other CASDI GIVEBK 152.24 66.00			
		Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Income Tax Return					
		a Employee's social security number REDACTED					
15 State CA	Employer's state ID number 08139842	16 State wages, tips, etc. 13345.36	17 State income tax 126.69	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2009-Reissued Statement Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Tax Departments

b Employer identification number (EIN) 13-3324058		12a See instructions for box 12		1 Wages, tips, other compensation 13345.36		2 Federal income tax withheld 134.24	
c Employer's name, address, and ZIP code MACYS INC  AGENT FOR MACYS WEST STR 94-3318726 P.O. BOX 8201 MASON, OH 45040		D \$ 495.02		3 Social security wages 13840.38		4 Social security tax withheld 858.11	
e Employee's first name and initial CHAKE PETROSSIAN		12b \$		5 Medicare wages and tips 13840.38		6 Medicare tax withheld 200.68	
Last name 1 of 1 ID: 1026000000000000114438006		12c \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code REDACTED GLENDALE, CA 91205		12d \$		9 Advance EIC payment		10 Dependent care benefits	
		12e \$		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
		This information is being furnished to the Internal Revenue Service		14 Other			
		Copy C For EMPLOYEE'S					



## Notice to Employee

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

**Earned income credit (EIC).** You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2009 if (a) you do not have a qualifying child and you earned less than \$13,440 (\$16,560 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,463 (\$38,583 if married filing jointly), or (c) you have more than one qualifying child and you earned less than \$40,295 (\$43,415 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,100. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** If you have at least one qualifying child, you may get as much as \$1,826 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate; and giving it to your employer.

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213.

**Credit for excess taxes.** If you had more than one employer in 2009 and more than \$6,621.60 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,088.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Publication 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy C.)

**Instructions for Employee** (Also see *Notice to Employee*, on the back of Copy B.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

**Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. You **must** complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you

qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2009, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note.** If a year follows code D through H, S, Y, AA, or BB, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A—**Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**B—**Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**C—**Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D—**Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E—**Elective deferrals under a section 403(b) salary reduction agreement

(continued on back of Copy 2)

## Instructions for Employee *(continued from back of Copy C)*

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See “Adjusted Gross Income” in the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See “Total Tax” in the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See “Total Tax” in the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See “Total Tax” in the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

**T**—Adoption benefits (not included in box 1). You **must** complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

**W**—Employer contributions to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan.

**Z**—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See “Total Tax” in the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan.

**BB**—Designated Roth contributions under a section 403(b) plan.

**Box 13.** If the “Retirement plan” box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

**Note.** Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

Form **W-2 Wage and Tax Statement** 2008

c Employer's name, address, and ZIP code

AGENT - MACY'S, INC.  
AGENT FOR MDS, INC (MCW 94-3318726)  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN  
[REDACTED]  
SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA

Employer's state ID number

08139842

16 State wages, tips, etc.

19563.81

17 State income tax

104.32

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2008

c Employer's name, address, and ZIP code

AGENT - MACY'S, INC.  
AGENT FOR MDS, INC (MCW 94-3318726)  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN  
[REDACTED]  
SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA

Employer's state ID number

08139842

16 State wages, tips, etc.

19563.81

17 State income tax

104.32

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2008

c Employer's name, address, and ZIP code

AGENT - MACY'S, INC.  
AGENT FOR MDS, INC (MCW 94-3318726)  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN  
[REDACTED]  
SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA

Employer's state ID number

08139842

16 State wages, tips, etc.

19563.81

17 State income tax

104.32

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2008

c Employer's name, address, and ZIP code

AGENT - MACY'S, INC.  
AGENT FOR MDS, INC (MCW 94-3318726)  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN  
[REDACTED]  
SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA

Employer's state ID number

08139842

16 State wages, tips, etc.

19563.81

17 State income tax

104.32

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS



Form **W-2 Wage and Tax Statement 2007**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code **REISSUED STATEMENT**

AGENT - MACY'S, INC.  
 AGENT FOR MDS, INC (MCW 94-3318726)  
 P.O. BOX 8201  
 MASON OH 45040

e Employee's first name and initial Last name

**CHAKE PETROSSIAN**  
**REDACTED**  
 SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State <b>CA</b>	Employer's state I.D. number <b>08139842</b>	16 State wages, tips, etc. <b>16823.31</b>	17 State income tax <b>35.48</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
-----------------------	---	---	-------------------------------------	----------------------------	---------------------	------------------

Copy B To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service if you are required to file a tax return. A negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement 2007**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code **REISSUED STATEMENT**

AGENT - MACY'S, INC.  
 AGENT FOR MDS, INC (MCW 94-3318726)  
 P.O. BOX 8201  
 MASON OH 45040

e Employee's first name and initial Last name

**CHAKE PETROSSIAN**  
**REDACTED**  
 SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State <b>CA</b>	Employer's state I.D. number <b>08139842</b>	16 State wages, tips, etc. <b>16823.31</b>	17 State income tax <b>35.48</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
-----------------------	---	---	-------------------------------------	----------------------------	---------------------	------------------

Copy C For EMPLOYEE'S RECORDS (See Notice on back of Copy B.)

OMB No. 1545-0008 (Rev. February 2002)

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2007**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code **REISSUED STATEMENT**

AGENT - MACY'S, INC.  
 AGENT FOR MDS, INC (MCW 94-3318726)  
 P.O. BOX 8201  
 MASON OH 45040

e Employee's first name and initial Last name

**CHAKE PETROSSIAN**  
**REDACTED**  
 SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State <b>CA</b>	Employer's state I.D. number <b>08139842</b>	16 State wages, tips, etc. <b>16823.31</b>	17 State income tax <b>35.48</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
-----------------------	---	---	-------------------------------------	----------------------------	---------------------	------------------

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2007**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code **REISSUED STATEMENT**

AGENT - MACY'S, INC.  
 AGENT FOR MDS, INC (MCW 94-3318726)  
 P.O. BOX 8201  
 MASON OH 45040

e Employee's first name and initial Last name

**CHAKE PETROSSIAN**  
**REDACTED**  
 SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State <b>CA</b>	Employer's state I.D. number <b>08139842</b>	16 State wages, tips, etc. <b>16823.31</b>	17 State income tax <b>35.48</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
-----------------------	---	---	-------------------------------------	----------------------------	---------------------	------------------

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008 (Rev. February 2002)

Dept. of the Treasury - IRS



Form **W-2 Wage and Tax Statement 2006**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code

**REISSUED STATEMENT**

FEDERATED DEPT. STORES, INC.  
AGENT FOR MACY'S WEST, INC.  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN

REDACTED

SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA Employer's state I.D. number 08139842

16 State wages, tips, etc. 3778.70

17 State income tax 7.01

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement 2006**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code

**REISSUED STATEMENT**

FEDERATED DEPT. STORES, INC.  
AGENT FOR MACY'S WEST, INC.  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN

REDACTED

SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA Employer's state I.D. number 08139842

16 State wages, tips, etc. 3778.70

17 State income tax 7.01

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice on back of Copy B)

OMB No. 1545-0008 (Rev. February 2002)

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2006**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code

**REISSUED STATEMENT**

FEDERATED DEPT. STORES, INC.  
AGENT FOR MACY'S WEST, INC.  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN

REDACTED

SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA Employer's state I.D. number 08139842

16 State wages, tips, etc. 3778.70

17 State income tax 7.01

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2006**

OMB No. 1545-0008 (Rev. February 2002)

c Employer's name, address, and ZIP code

**REISSUED STATEMENT**

FEDERATED DEPT. STORES, INC.  
AGENT FOR MACY'S WEST, INC.  
P.O. BOX 8201  
MASON OH 45040

e Employee's first name and initial Last name

CHAKE PETROSSIAN

REDACTED

SUN VALLEY CA 91352

f Employee's address and ZIP code

15 State CA Employer's state I.D. number 08139842

16 State wages, tips, etc. 3778.70

17 State income tax 7.01

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008 (Rev. February 2002)

Dept. of the Treasury - IRS

**PROOF OF SERVICE**

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action. I am employed in the office of a member of the bar of this court at whose direction this service was made. My business address is 2 North Lake Avenue, Suite 930, Pasadena, California 91101.

On December 9, 2013, I served the following documents on all interested parties in this action as follows: **Defendant's Notice of Removal to Federal Court, Civil Case Cover Sheet, Federal Summons, Certification of Interested Parties, and Conformed Copy of State Complaint**

Nancy P. Doumanian, Esq.  
DOUMANIAN & ASSOCIATES  
2626 Foothill Blvd., Suite 250  
La Crscenta, CA 91214  
Telephone: (818) 248-4700  
Facsimile: (818) 248-4701

/ X / (BY MAIL) I am readily familiar with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. Postal Service on that same day with postage thereon fully prepaid at Pasadena, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if the postal cancellation date or postage meter date is more than one day after date of deposit for mailing affidavit.

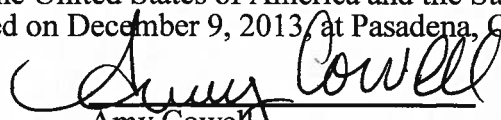
/ / (BY PERSONAL SERVICE) I caused to be delivered by an authorized courier or driver of NATIONWIDE the documents listed above to be received and delivered on the same date by the person(s) listed below.

~~/~~ (BY OVERNITE EXPRESS) I am readily familiar with the firm's practice for collection and processing correspondence by overnight delivery. Under that practice it would be deposited in a box or other facility regularly maintained by Overnight Express for overnight delivery.

/ / (BY FACSIMILE) This document was transmitted by using a facsimile machine that complies with the California Rules of Court rule 2.301, telephone number (626) 628-1725. The transmission was reported as complete and without error. A copy of the transmission report, properly issued by the transmitting machine, is on file at the firm. The names and facsimile numbers of the person(s) served are as set forth below.

/ / (BY EMAIL) By agreement of the parties, I sent a true copy thereof to the last known email address to the identified addresses below.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the above is true and correct. Executed on December 9, 2013 at Pasadena, California.

  
Amy Cowell